

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000076874

FILED  
Apr 20, 2006  
Secretary of State

Entity Name: FINANCIAL LOAN CENTER, LLC

**Current Principal Place of Business:**

3031 GEIGER COURT  
CLEARWATER, FL 33761

**New Principal Place of Business:**

**Current Mailing Address:**

3031 GEIGER CT  
CLEARWATER, FL 33761

**New Mailing Address:**

FEI Number: 56-2485472

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

PENNINGS, MARY L  
3031 GEIGER COURT  
CLEARWATER, FL 33761 US

**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: AMMA HOLDINGS, LLC,  
Address: 3031 GEIGER COURT  
City-St-Zip: CLEARWATER, FL 33761

Title: MGRM ( ) Delete  
Name: EASON, JOSEPH  
Address: 4230 31ST. ST. SO.  
City-St-Zip: ST. PETERSBURG, FL 33712

Title: MGRM ( ) Delete  
Name: FLORIDA OFFSHORE, LL, C  
Address: 3077 DOXBERRY CT.  
City-St-Zip: CLEARWATER, FL 33761

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: MARY L. PENNINGS

MEMB

04/20/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date