## FILED Apr 13, 2006 8:00 am Secretary of State 04-13-2006 90036 042 \*\*\*\*50.00

## 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

	ANIOAL	- KEPURI			_			
DOCUMENT # L04000090719  1. Entity Name EU-US MORTGAGE AND TRUST, LLC								
Principal Plac	ice of Business	Mailing Address			1			
3451 BAYO		3451 BAYOU SOUND						
LONGBOAT KEY, FL 34228 US		LONGBOAT KEY, FL 34228 US						
2. Principal Place of Business		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04012006	Chg-LLC	CR2E083 (11/05	)
City & State		City & State			4 FEI Numb	รื้อ <u>น เ</u> รอด		oplied For
Zîp	Country	Zip	Coun	try		of Status Desired	\$5.00 Ac	lot Applicable Iditional
<del></del> .	6. Name and Address of Current			7. Name and	Address of New Ro			
CASON, N	NANCY E ESQ.		Name					
1900 RING	GLING BOULEVARD TA, FL 34236		Street Address (		P.O. Box Numb	er is Not Acceptable)		
				City			F) Zip Coo	de de
8. The above	e named entity submits this statement for	r the purpose of changing its	registere	ed office or register	ed agent, or bo	th, in the State of Flor	ida. I am familiar with	and accept
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. I am familiar with, and accept the obligations of registered agent.  SIGNATURE  Signature, typed or printed name of registered agent and title if applicable.  (NOTE: Recistant density agent agent agent agent and title if applicable.)								
	Commercial types or partial retire or registered agent (	and title if experiences. (NOT)	Registered	d Agent eignature required	when reinstating)		DATE	<del></del>
Filing Fee is \$50.00 Due by May 1, 2006						Make Florida	check payable to Department of Stat	ú.
9.	MANAGING MEMBE	RS/MANAGERS	10.		<u>-</u>	ADDITIONS/C	HANGES	<u> </u>
TITLE	MGRM	C Defete	TITLE		-		☐ Change	Addition
STREET ADDRESS	DE WAAL, CHARLOTTE 3451 BAYOU SOUND		NAME	•			_	_
CITY-ST-ZIP	LONGBOAT KEY, FL 34228			ET ADDRESS ST-20P				
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NAME			MANE	į.			☐ Change	Addition
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TIFLE NAME		C Delete	ITTLE				☐ Change	☐ Addition
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CITY-ST-ZIP				ST-ZIP				
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NAME STREET ADDRESS	·	4	NULE	Ì			Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP			STREE Coty-5	T ADDRESS ST-ZIP				
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CITY-ST-ZIP			CITY-S					ŀ
TITLE		☐ Delete	TITLE		<del></del>			/ adds
NAME CIRCLE ADDRESS			NAME				Change	Addition (
STREET ADDRESS CITY-ST-ZIP				AODRESS				}
11. I hereby ca	artify that the information employs with a	his filing doos	CITY-S					
11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:  SIGNATURE AND TYPED OR PRINTED MAKE OF BIOKROTH BANGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE  Date  Date								
		MANAGING MEMBER, MANA	GER, OR A	UTHORIZED REPRESENT	ATIVE	Date	Daytime Phone #	