

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000094164

FILED
Mar 28, 2006
Secretary of State

Entity Name: FIRST VALUE MORTGAGE LLC

Current Principal Place of Business:

463 30TH STREET N
SUITE A
ST PETERSBURG, FL 33713 US

New Principal Place of Business:

463 30TH STREET N
ST PETERSBURG, FL 33713 US

Current Mailing Address:

463 30TH STREET N
SUITE A
ST PETERSBURG, FL 33713 US

New Mailing Address:

463 30TH STREET N
ST PETERSBURG, FL 33713 US

FEI Number: 38-3713454

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KOTTMEIER, CHARLES A III
463 30TH STREET N
SUITE A
ST PETERSBURG, FL, FL 33713 US

Name and Address of New Registered Agent:

MCPMAHON, BRIAN R
463 30TH STREET N
ST PETERSBURG, FL, FL 33713 US

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: BRIAN R. MCPMAHON

03/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: KOTTMEIER, CHARLES A III
Address: 463 30TH STREET N, SUITE A
City-St-Zip: ST PETERSBURG, FL 33713 US

Title: MGRM () Delete
Name: MCPMAHON, BRIAN R
Address: 463 30TH STREET N, SUITE A
City-St-Zip: ST PETERSBURG, FL 33713 US

ADDITIONS/CHANGES:

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: BRIAN R MCPMAHON

MM

03/28/2006

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