


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 13, 2006 8:00 am
Secretary of State

03-13-2006 90351 022 ****50.00

DOCUMENT # L05000012935 1. Entity Name SHEY MORTGAGE CO., LLC					
Principal Place of Business 6110 NW 1ST PLACE, SUITE A GAINESVILLE, FL 32607			Mailing Address P.O. BOX 358653 GAINESVILLE, FL 32635		
2. Principal Place of Business 2421 NW 41st Street		3. Mailing Address 			
Suite, Apt. #, etc. Suite A-3		Suite, Apt. #, etc. 			
City & State Gainesville, FL		City & State 			
Zip 32606		Country 		4. FEI Number 20-2304183	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				Applied For Not Applicable	
6. Name and Address of Current Registered Agent SHEY, BRIAN K 6110 NW 1ST PLACE, SUITE A GAINESVILLE, FL 32607			7. Name and Address of New Registered Agent Name Shey, Brian K. Street Address (P.O. Box Number is Not Acceptable) 2421 NW 41st Street Suite A-3 City Gainesville FL Zip Code 32606		
8. 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 <u><i>Brian K. Shey</i></u> 3/2/06 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
Filing Fee is \$50.00 Due by May 1, 2006			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHEY, BRIAN K P.O. BOX 358653 GAINESVILLE, FL 32635	<input type="checkbox"/> Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
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: <u><i>Brian K. Shey</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			3/2/06 352-416-0117 <small>Date Daytime Phone #</small>		