2006 LIMITED LIABILITY COMPANY

FILED **ANNUAL REPORT**

DOCUMENT # L05000023688 2006 JAN 18 PM 12: 42 ALASKA-PACIFIC MORTGAGE, LLC SECRETARY OF STATE TALLAHASSEE, FLORIDA Principal Place of Business Mailing Address 8004 N.W. 154TH STREET, #278 8004 N.W. 154TH STREET, #278 MIAMI LAKES: FL 33016-5814 MIAMI-LAKES, FL 33016-5814 2. Principal Place of Business 3. Mailing Address 5170 NW 167 STREET Suite, Apt. #, etc. Suite, Apt. #, etc. 01172006 CR2E083 (11/05) Chg-LLC ک ۱۵ City & State City & State 4. FEI Number Applied For er. MIAMI Not Applicable Country \$5.00 Additional Zip Country 5. Certificate of Status Desired \Box 33014 MITHIN DADE Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ARIZA, MARITZA Street Address (P.O. Box Number is Not Acceptable) 8004 N.W. 154TH STREET, #278 MIAMI-LAKES; FL 33016-5814 SITUDIO 167 ST. STEIOS MIAMI, EL 33014 City Zip Code 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, typed or printed narge of registered agent and title If applicable. SIGNATURE (NOTE: Registered Agent signature required when reinstating) DATE Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State 9. MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. NGRM TITLE ☐ Delete TITLE ☐ Change ☐ Addition MARITH ARIZA NAME NAME 5190 NW 167 ST. SUITE 105 STREET ADDRESS STREET ADDRESS CTTY-ST-ZIP PL. 33014 CITY-ST-ZIP MIAMI TITLE ☐ Delete TIBE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7(P DIDDESDE Clarke DAddition TITLE □ Delete TITLE 02/02/06 - 01036 - 003 **50.00NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 3III F TITLE Delete ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete MLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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.

TITLE

NAME STREET ADDRESS

CITY-ST-ZIP

☐ Change

☐ Addition

☐ Deleta

TITLE

NAME

STREET ADORESS CITY-ST-ZIP