

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

06 APR 28 AM 8:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L05000028839 1. Entity Name MORTGAGE MARKETING MAGIC L.L.C.					
Principal Place of Business 5910 BAYOU GRANDE BLVD. NE ST. PETERSBURG, FL 33703-1822			Mailing Address 5910 BAYOU GRANDE BLVD. NE ST. PETERSBURG, FL 33703-1822		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent CATOK, MARY 5910 BAYOU GRANDE BLVD. NE ST. PETERSBURG, FL 33703-1822				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (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			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CATOK, MARY 5910 BAYOU GRANDE BLVD. NE ST. PETERSBURG, FL 337031822		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: center;"> 700074087957 05/08/06 01004 017 **50.00 </div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Delete <input type="checkbox"/></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Delete <input type="checkbox"/></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Delete <input type="checkbox"/></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Delete <input type="checkbox"/></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></div>	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Delete <input type="checkbox"/></div>		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<div style="text-align: right;">Change <input type="checkbox"/> Addition <input type="checkbox"/></div>	
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:			Date: 4/20/06 Daytime Phone #: 727-5279531		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>					