

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000030698

Entity Name: IPG MORTGAGES, LLC

FILED
Jul 07, 2006
Secretary of State

Current Principal Place of Business:

9550 WEST U.S. HIGHWAY 192
CLERMONT, FL 34711

New Principal Place of Business:

9550 WEST U.S. HIGHWAY 192
CLERMONT, FL 34711

Current Mailing Address:

9550 WEST U.S. HIGHWAY 192
CLERMONT, FL 34711

New Mailing Address:

9550 WEST U.S. HIGHWAY 192
CLERMONT, FL 34711

FEI Number: 20-2716493 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

MUSCA, DANIEL G
C/O PHELPS DUNBAR LLP
100 SOUTH ASHLEY DRIVE, SUITE 1900
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: MR () Change (X) Addition
Name: SCHEDIVY, DAN R
Address: 780 PICKERINGTON PLACE
City-St-Zip: OVIEDO, FL 32765

Title: MR () Change (X) Addition
Name: RAVAGLIA, ALFIO
Address: 704 FOX VALLEY DRIVE
City-St-Zip: LONGWOOD, FL 32779

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: SCHEDIVY DAN

MR

07/07/2006

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