

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032576

Entity Name: SPIAGGIA MORTGAGE, LLC

FILED
Jan 16, 2007
Secretary of State

Current Principal Place of Business:

1110 DOUGLAS AVE
SUITE 2040
ALTAMONTE SPRINGS, FL 32714 US

New Principal Place of Business:

Current Mailing Address:

1751 ASTOR FARMS PLACE
SANFORD, FL 32771 US

New Mailing Address:

1110 DOUGLAS AVE
SUITE 2040
ALTAMONTE SPRINGS, FL 32714 US

FEI Number: 20-2629983

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BUSINESS FILINGS INCORPORATED
1203 GOVERNORS SQUARE BLVD
SUITE 101
TALLAHASSEE, FL 323012960 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: P () Delete
Name: CARRELLI, ANTHONY
Address: 1751 ASTOR FARMS PLACE
City-St-Zip: SANFORD, FL 32771

Title: D () Delete
Name: CARRELLI, ANTHONY
Address: 1751 ASTOR FARMS PLACE
City-St-Zip: SANFORD, FL 32771

Title: V () Delete
Name: LA COCK, JEAN
Address: 2777 FALCON CREST PLACE
City-St-Zip: LAKE MARY, FL 32746

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ANTHONY CARRELLI

P

01/16/2007

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