

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000032652

Entity Name: MORTGAGE DIRECT, LLC

FILED
Jan 09, 2006
Secretary of State

Current Principal Place of Business:

2804 DEL PRADO BLVD., SUITE 106
CAPE CORAL, FL 33904

New Principal Place of Business:

4808 EVANS AVENUE
SUITE 206
FORT MYERS, FL 33901

Current Mailing Address:

2804 DEL PRADO BLVD., SUITE 106
CAPE CORAL, FL 33904

New Mailing Address:

4808 EVANS AVENUE
SUITE 206
FORT MYERS, FL 33901

FEI Number: 20-2619664

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SHAFFER, STEVEN O
2804 DEL PRADO BLVD., SUITE 106
CAPE CORAL, FL 33904 US

Name and Address of New Registered Agent:

SHAFFER, STEVEN O
4808 EVANS AVENUE
SUITE 206
FORT MYERS, FL 33901 US

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: STEVEN O. SHAFFER

01/09/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

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

ADDITIONS/CHANGES:

Title: P () Change (X) Addition
Name: SHAFFER, STEVEN O
Address: 4808 EVANS AVENUE, SUITE 206
City-St-Zip: FORT MYERS, FL 33901

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: STEVEN O. SHAFFER

P

01/09/2006

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