



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 23, 2006 8:00 am
Secretary of State

01-23-2006 90139 022 ****50.00

DOCUMENT # L05000037777 1. Entity Name ACCESS MORTGAGE OF FLORIDA, LLC					
Principal Place of Business 1000 MAIN ST SUITE 310 SARASOTA, FL 34236 US			Mailing Address 1000 MAIN ST SUITE 310 SARASOTA, FL 34236 US		
2. Principal Place of Business 5266 Office Park Blvd Suite, Apt. #, etc. Suite 204 City & State Bradenton FL Zip 34203 Country US		3. Mailing Address 5266 Office Park Blvd Suite, Apt. #, etc. Suite 204 City & State Bradenton FL Zip 34203 Country US			
4. FEI Number 20-2694701				Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				01192006 Chg-LLC CR2E083 (11/05)	
6. Name and Address of Current Registered Agent W.R. KLEIN, P.A. 1000 MAIN ST SUITE 310 SARASOTA, FL 34236			7. Name and Address of New Registered Agent Name Rob Hatefi Street Address (P.O. Box Number is Not Acceptable) 5266 Office Park Blvd Suite 204 City Bradenton FL Zip Code 34203		
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 <u><i>Rob Hatefi</i></u> DATE <u><i>1/19/06</i></u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
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	MGR HATEFI, BABAK 1000 MAIN ST SUITE 310 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Hatefi, Babak 5266 Office Park Blvd Suite 204 Bradenton FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM OBRIEN, PATRICIA K 1000 MAIN ST SUITE 310 SARASOTA, FL 34236	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM O'Brien, Patricia K 5266 Office Park Blvd Suite 204 Bradenton FL 34203	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: <u><i>Rob Hatefi</i></u>			Date <u><i>1/19/06</i></u> Daytime Phone # <u><i>941-755-3226</i></u>		