

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

<b>DOCUMENT # L05000041190</b>		
<b>1. Entity Name</b> <b>FIRST FLORIDA FINANCIAL MORTGAGE LLC</b>		
<b>Principal Place of Business</b> <b>4002 DEL PRADO BOULEVARD SOUTH</b> <b>CAPE CORAL, FL 33904</b>	<b>Mailing Address</b> <b>4002 DEL PRADO BOULEVARD SOUTH</b> <b>CAPE CORAL, FL 33904</b>	
<b>2. Principal Place of Business</b>	<b>3. Mailing Address</b>	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	
City & State	City & State	
Zip	Country	Zip
Country	Country	
<b>6. Name and Address of Current Registered Agent</b>		
<b>PARSIS, ROBERT</b> <b>4002 DEL PRADO BOULEVARD SOUTH</b> <b>CAPE CORAL, FL 33904</b>		Name
		Street Address
		City
<b>8. The above named entity submits this statement for the purpose of changing its registered office or registering the obligations of registered agent.</b>		
<b>SIGNATURE</b> _____ (NOTE: Registered Agent signature required)		
<b>Filing Fee Is \$50.00</b> <b>Due by May 1, 2006</b>		
<b>9. MANAGING MEMBERS/MANAGERS</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>PARSIS, ROBERT</b> <b>4002 DEL PRADO BOULEVARD SOUTH</b> <b>CAPE CORAL, FL 33904</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>LEE, ROBERT A JR</b> <b>4002 DEL PRADO BOULEVARD SOUTH</b> <b>CAPE CORAL, FL 33904</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP
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<b>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained indicated on this report is true and accurate and that my signature shall have the same legal effect as if it were the signature of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 689, Florida Statutes.</b>		
<b>SIGNATURE:</b> _____		