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

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	A	NN	UAL	REP	OR	T	

1. Entity Nam	MENT # L05000041 ORIDA FINANCIAL MORT		04-24-2006 90051 021 ****50.00						
Principal Plac 4002 DEL PI CAPE CORAL	RADO BOULEVARD SOUTH	Mailing Address 4002 DEL PRADO BOULEVARD SOUTH CAPE CORAL, FL 33904				• •			
2. Principal P	Place of Business	3. Mailing Address							
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			03202006	Chg-LLC	CR2E083 (1	1/05)	
City & Stat	e .	City & State			4. FEI Numb	0-2702	1448		olied For Applicable
Zip	Country	Zip	Zip Countr		5. Certificate of Status Desired \$5.00 Addit Fee Required				
	6. Name and Address of Current	Registered Agent	egistered Agent		7. Name and Address of New Registered Agent Name				
	ROBERT PRADO BOULEVARD SOUTI RAL, FL 33904	+			Street Address (P.O. Box Number is Not Acceptable)				
	\vartheta_{ij}	3.		City FL Zip Code					
	enamed entity submits this statement follows of registered agent.	or the purpose of changing it	s register	ed office or register	red agent, or b	oth, in the State of Fl	orida. I am familia	ır with, a	and accept
SIGNATURE .	Signature, typed or printed name of registered agen	and title if applicable. (NO	TE: Registere	ed Agent signature required	d when reinstating)	1	DATE		
Filing Fee Is \$50.00 Due by May 1, 2006							ke check payab a Department o		
9.	MANAGING MEMB	ERS/MANAGERS	10.			ADDITIONS	/CHANGES		
NAME STREET ADDRESS CITY-ST-ZIP	ORESS 4002 DEL PRADO BOULEVARD SOUTH S			E ME EET ADORESS (-ST-ZIP				thange	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Delete T LEE, ROBERT A JR 4002 DEL PRADO BOULEVARD SOUTH			E AE EET ADORESS (-ST-ZIP	☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	C Delete TIT							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete TiTL NAA STR			E				Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete TITL NAM STR				☐ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete						Change	Addition
11. I hereby indicated limited lia	certify that the information supplied wife d on this report is true and accurate and ability company or the receiver of truste	h this filing does not qualify for d that my signature shall have see empowered to execute this	or the exe e the sam s report a	emptions contained le legal effect as if r is required by Chap	in Chapter 119 made under oa oter 608, Florida	9, Florida Statutes. I th; that I am a mana a Statutes.	further certify that aging member or r	the info	rmation r of the
SIGNAT	FURE:	OF SIGNING MANAGING MEMBER M	ANAGER O	R AUTHORIZED REPRES	ENTATIVE	4/18/06	2395	401	084