

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000044908

FILED
Jul 28, 2006
Secretary of State

Entity Name: FIRST LIBERTY FINANCIAL MORTGAGE,LLC

Current Principal Place of Business:

1001 CYPRESS CREEK RD
320A
FORT LAUDERDALE, FL 33309 US

New Principal Place of Business:

1735 PILCHARD DR
POINCIANA, FL 34759 US

Current Mailing Address:

1001 CYPRESS CREEK RD
320A
FORT LAUDERDALE, FL 33309 US

New Mailing Address:

1735 PILCHARD DR
POINCIANA, FL 34759 US

FEI Number: 27-0121276 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

ADELUSI, HENRY A SR
1001 CYPRESS CREEK RD
320A
FORT LAUDERDALE, FL 33309 US

Name and Address of New Registered Agent:

ADELUSI, HENRY A SR
1735 PILCHARD DR
POINCIANA, FL 34759 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: HENRY ADELUSI

07/28/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: ADELUSI, HENRY A SR
Address: 1001 CYPRESS CREEK RD SUITE 320A
City-St-Zip: FORT LAUDERDALE, FL 33309 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: ADELUSI, HENRY A SR
Address: 1735 PILCHARD DR
City-St-Zip: POINCIANA, FL 34759 US

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: HENRY A ADELUSI

MGR

07/28/2006

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