

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90019 041 \*\*\*\*55.00

**DOCUMENT # L05000048793**

1. Entity Name  
**FOXX MORTGAGE DOCTOR, LLC**



Principal Place of Business  
**103 W. HAMILTON AVE.  
TAMPA, FL 33604 US**

Mailing Address  
**103 W. HAMILTON AVE.  
TAMPA, FL 33604 US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03272006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

**76-0792369**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FOXX, GEORGE J  
1503 WARMAN COURT  
TAMPA, FL 33613**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**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     |                                 | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP |   |
|-------|------------------|-------------------|-----------------|---------------------------------|-------|------|----------------|-------------|---|
|       | MGRM             |                   |                 | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | FOXX, GEORGE J   | 1503 WARMAN COURT | TAMPA, FL 33613 |                                 |       |      |                |             |   |
|       | MGR              |                   |                 | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       | SPEIGHTS, SHEA E | 1503 WARMAN COURT | TAMPA, FL 33613 |                                 |       |      |                |             |   |
|       |                  |                   |                 | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                  |                   |                 |                                 |       |      |                |             |   |
|       |                  |                   |                 | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                  |                   |                 |                                 |       |      |                |             |   |
|       |                  |                   |                 | <input type="checkbox"/> Delete |       |      |                |             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
|       |                  |                   |                 |                                 |       |      |                |             |   |
|       |                  |                   |                 | <input type="checkbox"/> Delete |       |      |                |             | <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 606, Florida Statutes.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/27/06 (813) 239-2787**