

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000050311

**FILED**  
**Feb 28, 2007**  
**Secretary of State**

**Entity Name:** FRITZ ANDRESS MORTGAGE CONSULTING, LLC

**Current Principal Place of Business:**

4515 COUNTRY CLUB BLVD., #206  
CAPE CORAL, FL 33904

**New Principal Place of Business:**

2301 SW 53RD TERRACE  
CAPE CORAL, FL 33914

**Current Mailing Address:**

4515 COUNTRY CLUB BLVD., #206  
CAPE CORAL, FL 33904

**New Mailing Address:**

2301 SW 53RD TERRACE  
CAPE CORAL, FL 33914

**FEI Number:**

**FEI Number Applied For ( )**

**FEI Number Not Applicable (X)**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

ANDRESS, FREDERICK W III  
4515 COUNTRY CLUB BLVD., #206  
CAPE CORAL, FL 33904 US

**Name and Address of New Registered Agent:**

ANDRESS, FREDERICK W III  
2301 SW 53RD TERRACE  
CAPE CORAL, FL 33914 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:

02/28/2007

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: ANDRESS, FREDERICK W III  
Address: 4515 COUNTRY CLUB BLVD., #206  
City-St-Zip: CAPE CORAL, FL 33904

**ADDITIONS/CHANGES:**

Title: MGRM (X) Change ( ) Addition  
Name: ANDRESS, FREDERICK W III  
Address: 2301 SW 53RD TERRACE  
City-St-Zip: CAPE CORAL, FL 33914

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: FREDERICK W ANDRESS III

MGRM

02/28/2007

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