


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 23, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000051436 1. Entity Name CASSIDY MORTGAGE, LLC	
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Principal Place of Business 250 AVENUE K SW SUITE 103 WINTER HAVEN, FL 33880	Mailing Address 250 AVENUE K SW SUITE 103 WINTER HAVEN, FL 33880
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01112007 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 20-2901923	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent BRINSON, J. KEMP 255 MAGNOLIA AVE., S.W. WINTER HAVEN, FL 33880
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DO NOT WRITE IN THIS SPACE

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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>	DATE _____
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**Filing Fee is \$50.00
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSIDY, AL 250 AVENUE K SW., SUITE 103 WINTER HAVEN, FL 33880
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM CASSIDY, STEVE 250 AVENUE K SW., SUITE 103 WINTER HAVEN, FL 33880
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<p>U00000599573 01/25/07-90033-004 50.00</p> <p>DO NOT WRITE IN THIS SPACE</p>

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 608, Florida Statutes.

SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>	1-16-07 <small>Date</small>	863-324-3698 <small>Daytime Phone #</small>
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