2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Aug 15, 2006
Secretary of State

DOCUMENT# L05000055805

Entity Name: THE MORTGAGE NETWORK, LLC

Current Principal Place of Business:

950 S. PINE ISLAND ROAD
PLANTATION, FL 33324

New Principal Place of Business:

9000 SHERIDAN STREET
SUITE 127
PEMBROKE PINES, FL 33024

Current Mailing Address:

950 S. PINE ISLAND ROAD
PLANTATION, FL 33324

New Mailing Address:

9000 SHERIDAN STREET
PEMBROKE PINES, FL 33024

FEI Number: **FEI Number Applied For (X)** **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:

CONDE & COHEN PL
150 EAST PALMETTO PARK ROAD
SUITE 350
BOCA RATON, FL 33432 US

Name and Address of New Registered Agent:

CONDE & COHEN PL
150 EAST PALMETTO PARK ROAD
SUITE 110
BOCA RATON, FL 33432 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: AARON R COHEN 08/15/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: BECK, TOM
Address: 950S. PINE ISLAND ROAD
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: BECK, TOM
Address: 9000 SHERIDAN ST.
City-St-Zip: PEMBROKE PINES, FL 33024 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: TOM BECK MGRM 08/15/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date