

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000056679

FILED
Jul 13, 2006
Secretary of State

Entity Name: GULF STATES MORTGAGE OF THE SOUTHEAST, LLC

Current Principal Place of Business:

127 PALAFOX PLACE, SUITE 200
PENSACOLA, FL 32502

New Principal Place of Business:

Current Mailing Address:

127 PALAFOX PLACE, SUITE 200
PENSACOLA, FL 32502

New Mailing Address:

FEI Number: 20-3007201 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:

MCKINNON, DENNIS
127 PALAFOX PLACE, SUITE 200
PENSACOLA, FL 32502 US

Name and Address of New Registered Agent:

MCKINNON, DENIS
127 PALAFOX PLACE, SUITE 200
PENSACOLA, FL 32502 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: DENIS MCKINNON

07/13/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: SEC () Change (X) Addition
Name: MCKINNON, DENIS SEC
Address: 127 PALAFOX PLACE, STE 200
City-St-Zip: PENSACOLA, FL 32502 US

Title: PRES () Change (X) Addition
Name: ENDRY, JOSEPH M PRES
Address: 127 PALAFOX PLACE, STE 200
City-St-Zip: PENSACOLA, FL 32502 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: DENIS MCKINNON

SEC

07/13/2006

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