

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000070011

Entity Name: LYNK MORTGAGE GROUP, LLC

FILED
Apr 23, 2006
Secretary of State

Current Principal Place of Business:

1944 RIVER PARK RD.
ORLANDO, FL 32817 US

New Principal Place of Business:

9041 TRADEWINDS TRAIL
MERRITT ISLAND, FL 32953 US

Current Mailing Address:

1944 RIVER PARK RD.
ORLANDO, FL 32817 US

New Mailing Address:

9041 TRADEWINDS TRAIL
MERRITT ISLAND, FL 32953 US

FEI Number: 20-3168091

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

DEBITS & CREDITS GROUP, INC.
6955 HANGING MOSS RD.
SUITE 106
ORLANDO, FL 32807 US

Name and Address of New Registered Agent:

DEBITS & CREDITS GROUP, INC.
2400 N. FORSYTH RD.
SUITE 104
ORLANDO, FL 32807 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: MIKE HAMILLA

04/23/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PERRONE, RALPH
Address: 1944 RIVER PARK BLVD.
City-St-Zip: ORLANDO, FL 32817 US

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: PERRONE, RALPH
Address: 9041 TRADEWINDS TRAIL
City-St-Zip: MERRITT ISLAND, FL 32953 US

Title: MGRM () Delete
Name: FINGER, JOHN
Address: 2731 REDPINE WAY
City-St-Zip: ORLANDO, FL 32825 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: RALPH PERRONE

MGRM

04/23/2006

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