2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 27, 2006
Secretary of State

DOCUMENT# L05000081936

Entity Name: ABSOLUTE FLORIDA MORTGAGE LLC

Current Principal Place of Business:

1400 HILLCREST STREET
ORLANDO, FL 32803

New Principal Place of Business:

6341 EDGE O GROVE CIRCLE
ORLANDO, FL 32819 US

Current Mailing Address:

1400 HILLCREST STREET
ORLANDO, FL 32803

New Mailing Address:

6341 EDGE O GROVE CIRCLE
ORLANDO, FL 32819 US

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

MAGEN, ELI
6341 EDGE O GROVE CIRCLE
ORLANDO, FL 32819 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete
Name: MAGEN, ELI
Address: 1400 HILLCREST STREET
City-St-Zip: ORLANDO, FL 32803

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MAGEN, ELI
Address: 6341 EDGE O GROVE CIRCLE
City-St-Zip: ORLANDO, FL 32819

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: ELI MAGEN MGR 04/27/2006

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