

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000082894

FILED
Mar 02, 2006
Secretary of State

Entity Name: SISCO MORTGAGE CENTER LLC

Current Principal Place of Business:

6920 JULIA CT.
NEW PORT RICHEY, FL 34652

New Principal Place of Business:

6919 JULIA CT.
NEW PORT RICHEY, FL 34652

Current Mailing Address:

6920 JULIA CT.
NEW PORT RICHEY, FL 34652

New Mailing Address:

6919 JULIA CT.
NEW PORT RICHEY, FL 34652

FEI Number: 20-3341361

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SNIPES, VIVIAN M
19788 MANECKE ROAD
BROOKSVILLE, FL 34601 US

Name and Address of New Registered Agent:

SNIPES, VIVIAN M
6919 JULIA COURT
NEW PORT RICHEY, FL 34652 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: VIVIAN M. SNIPES

03/02/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: SNIPES, VIVIAN
Address: 6920 JULIA COURT
City-St-Zip: NEW PORT RICHEY, FL 34652

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: SNIPES, VIVIAN M
Address: 6919 JULIA COURT
City-St-Zip: NEW PORT RICHEY, FL 34652

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: VIVIAN M. SNIPES

MGR

03/02/2006

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