

Jan 17,
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**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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|--|---|--|------------------------------------|--|---|--|
| DOCUMENT # L05000093317 | |  | | | | |
| 1. Entity Name SOUTHBAY MORTGAGE GROUP, L.L.C. | | | | | | |
| Principal Place of Business 12671 EMERALD COAST PARKWAY #217-7 DESTIN, FL 32550 | Mailing Address 12671 EMERALD COAST PARKWAY #217-7 DESTIN, FL 32550 |  01042007No Chg-LLC CR2E083 (11/05) <table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 70%; padding: 2px;">4. FEI Number 20-3463747</td><td style="width: 30%; padding: 2px;">Applied For <input type="checkbox"/> Not Applicable</td></tr><tr><td colspan="2" style="padding: 2px;">5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required</td></tr></table> | 4. FEI Number 20-3463747 | Applied For <input type="checkbox"/> Not Applicable | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 4. FEI Number 20-3463747 | Applied For <input type="checkbox"/> Not Applicable | | | | | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | | | | | | |
| DO NOT WRITE IN THIS SPACE | | | | | | |
| 6. Name and Address of Current Registered Agent | | | | | | |
| FREY, HARRY 8 ELVENTH ST. SHALIMAR, FL 32579 | DO NOT WRITE IN THIS SPACE | | | | | |
| <small>8. 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. I am familiar with, and accept the obligations of registered agent.</small> | | | | | | |
| SIGNATURE _____ U000000588026 01/17/07-80096-007 50.00 DATE | | | | | | |
| <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2007 | | | | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | | | | |
| TITLE | MGRM | DO NOT WRITE IN THIS SPACE | | | | |
| NAME | MORRELL, JULIE LYNN | | | | | |
| STREET ADDRESS | 170 W. WILSON STREET | | | | | |
| CITY - ST - ZIP | SANTA ROSA BEACH, FL 32459 | | | | | |
| TITLE | MGRM | | | | | |
| NAME | FREY, HARRY JOSEPH | | | | | |
| STREET ADDRESS | 8 ELEVENTH STREET | | | | | |
| CITY - ST - ZIP | SHALIMAR, FL 32579 | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | | | |
| TITLE | | | | | | |
| NAME | | | | | | |
| STREET ADDRESS | | | | | | |
| CITY - ST - ZIP | | | | | | |
| <small>11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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</small> | | | | | | |
| SIGNATURE:  1/11/07 850-267-2352 Date Daytime Phone # | | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small> | | | | | | |