## 2006 LIMITED LIABILITY COMPANY

## **ANNUAL REPORT**

## DOCUMENT # L05000093415

**FILED** Sep 06, 2006 8:00 am Secretary of State 09-06-2006 90007 004 \*\*\*\*55.00

KEY MORTGAGE LENDING, LLC				
2880 W. OAKLAND PARK BLVD #114 2880 W. (		Mailing Address 2880 W. OAKLAND PARK FT. LAUDERDALE, FL 333		
2. Principal Place of Business		3. Mailing Address		
SAME AS ABOVE				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		08312006 Chg-LLC CR2E083 (11/05)
City & State		City & State		4. FEI Number Applied For APPLIED FOR Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired \$5.00 Additional Fee Required
,	6. Name and Address of Current R	tegistered Agent		7. Name and Address of New Registered Agent
			Name	THE AMBOINE
	YOLETTE:			ETTE ANTOINE IS (P.O. Box Number is Not Acceptable)
	AKLAND PARK BLVD #114		Street Address	s (F.O. Box Number is Not Acceptable)
FT. LAUDERDALE, FL 33311			11600	
				NW 7 AVE
			City MIAMI	<b></b> 33168
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.  SIGNATURE  SIGNATUR				
Filing Fee.js \$50.00 Due by September 6, 2006				Make check payable to Florida Department of State
Due	y September 6, 2006			Piolida Department of State
9.	MANAGING MEMBER	RS/MANAGERS	10.	ADDITIONS/CHANGES
TITLE	MGR	Delete		LETTE ANTOINE K Change XX Addition
NAME	JEAN, ANTONIDE			629 NW 7 AVE
STREET ADORESS	2880 W. OAKLAND PARK BLVD	#114	STREET ADDRESS MI.	AMI, FLORIDA 33168
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311	·		A LID TORREST TO CA DILLA CO
TITLE NAME	MGR JEAN, JUPTIENNE	🔼 Delete	NAME MGR CL	AUDETTE JOSAPHAT
STREET ADDRESS	2880 W. OAKLAND PARK BLVD	#114	STREET ADDRESS 11	629 NW 7 AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33311		CITY-ST-ZIP MI.	AMI, FLORIDA 33168
TITLE		☐ Delete	TITLE MGR LI	NA JUSME Change Condition
NAME			1	629 NW 7 AVE
STREET ADDRESS	1	•	CIDEET ADDRECC	AMI, FLORIDA 33168
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		☐ Delete	TITLE	☐ Change ☐ Addition
NAME			NAME	
STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY+ST-ZIP	
TITLE		Delete	TITLE NAME	☐ Change ☐ Addition
NAME STREET ADDRESS			STREET ADDRESS	
CITY-ST-ZIP			CITY-ST-ZIP	
TITLE		□ Delete	TITLE	☐ Change ☐ Addition
NAME	1	□ Delete	NAME	
STREET ADDRESS			STREET ADDRESS	•
CITY-ST-ZIP			CITY-ST-ZIP	
11. I hereby	certify that the information supplied with	this filing does not qualify for t	he exemptions contain	ned in Chapter 119, Florida Statutes. I further certify that the information

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limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.