

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000094157

FILED
Aug 04, 2006
Secretary of State

Entity Name: CAPITAL ASSURANCE MORTGAGES, LLC

Current Principal Place of Business:

3455 PINEWALK DRIVE NORTH
MARGATE, FL 33063

New Principal Place of Business:

3455 PINEWALK DRIVE NORTH
SUITE 209
MARGATE, FL 33063

Current Mailing Address:

3455 PINEWALK DRIVE NORTH
MARGATE, FL 33063

New Mailing Address:

3455 PINEWALK DRIVE NORTH
SUITE 209
MARGATE, FL 33063

FEI Number: 20-3577204 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

Name and Address of New Registered Agent:

SPIEGEL & UTRERA, P.A.
1840 SW 22ND ST.
4TH FLOOR
MIAMI, FL 33145 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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

ADDITIONS/CHANGES:

Title: MGR () Delete
Name: COLEMAN, CHRISTOPHER B
Address: 3455 PINEWALK DRIVE NORTH
City-St-Zip: MARGATE, FL 33063

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

Title: ST () Delete
Name: COLEMAN, CHRISTOPHER B
Address: 3455 PINEWALK DRIVE NORTH
City-St-Zip: MARGATE, FL 33063

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

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: CHRISTOPHER B. COLEMAN

MGR

08/04/2006

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