

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000098696

FILED
May 01, 2006
Secretary of State

Entity Name: THOMPSON AND WILLIAMS MORTGAGE CENTER OF FLORIDA, LLC

Current Principal Place of Business:

1904 WOODHAVEN CIRCLE, #10
ROCKLEDGE, FL 32955 US

New Principal Place of Business:

5326 SAN SEBASTIAN WAY
I-202
VIERA, FL 32955 US

Current Mailing Address:

P. O. BOX 560536
ROCKLEDGE, FL 32956 US

New Mailing Address:

5326 SAN SEBASTIAN WAY
I-202
VIERA, FL 32955 US

FEI Number: 56-2545621 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

WILLIAMS, FRANCIS
1904 WOODHAVEN CIRCLE, #10
ROCKLEDGE, FL 32955 US

Name and Address of New Registered Agent:

THOMPSON, LARRY A MGR
5326 SAN SEBASTIAN WAY
I-202
VIERA, FL 32955 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: LARRY THOMPSON

05/01/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: THOMPSON, LARRY
Address: P. O. BOX 560536
City-St-Zip: ROCKLEDGE, FL 32956 US

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: THOMPSON, LARRY A MGR
Address: 5326 SAN SEBASTIAN WAY I-202
City-St-Zip: VIERA, FL 32955 US

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: LARRY THOMPSON

MGR

05/01/2006

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