2006 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

Mar 24, 2006 8:00 am Secretary of State DOCUMENT # L05000102060 03-06-2006 90207 003 ****55.00 LIBERTY MORTGAGE LOAN COMPANY, LLC Principal Place of Business Mailing Address 554 CORDILLERA TRACE BOERNE TX 78006 554 CORDILLERA TRACE BOERNE TX 78006 2. Principal Place of Business 3. Mailing Address 4720 SALIS BURY RD Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/05) SUITE 205 City & State City & State 4. FEI Number Applied For TACKSONVILLE, 20-366 05 72 Not Applicable Country Country \$5.00 Additional 5. Certificate of Status Desired 32256 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent CANADA, WARREN L 401 N. HARBOR LIGHT DRIVE Street Address (P.O. Box Number is Not Acceptable) ST. AUGUSTINE FL 32095 City Zip Code B. 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 (NOTE, Registered Agonf significine required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2006 MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 10. MGRM BILE Ociete TITLE Change Addition WARREN L. CANADA NAME MAME STREET ADDRESS 401 N. HARBOR LIGHT DR. STREET ADDRESS CITY-ST-ZIP ST. AUGUSTINE FL 32095 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ■ Addition NAME NALIF STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Chance Addition NAME NAME. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ΠILF ☐ Chance Addition MAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-ZIP CITY - ST - ZIP TITLE Oelete TITLE ☐ Change Addition NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 1#TLE ☐ Delete TITLE Addition HAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP COTY-S1-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 hability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes. 2-22-06

FILED



ATTACHMENT 3003295

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 8, 2006

LIBERTY MORTGAGE LOAN COMPANY, LLC 554 CORDILLERA TRACE BOERNE, TX 78006

Subject: LIBERTY MORTGAGE LOAN COMPANY, LLC

Reference Number:

L05000102060

Please be advised, we have received your annual report/uniform business report and your check(s) totaling \$55.00; however, the report <u>has not been filed</u> and a copy is being returned for the following correction(s):

Provide the title(s) of each manager, managing member or principal listed on the report or on an attachment.

After the corrections have been made, please return the report to: Division of Corporations, P.O. Box 6478, Tallahassee, Florida 32314 within 30 days from the date of this letter.

If you have additional questions or need further assistance, please call the Division of Corporations at (850) 245-6051.

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ANNUAL REPORTS SECTION