



# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jul 25, 2006 8:00 am**  
**Secretary of State**

07-25-2006 90084 048 \*\*\*\*50.00

|  |  |  |   |  |  |
|--|--|--|---|--|--|
| <b>DOCUMENT # L05000105945</b><br>1. Entity Name<br><b>ML&amp;L MORTGAGE SERVICES, LLC</b>   |  |  |   |   |  |
| Principal Place of Business<br><b>1055 GREGORY DR<br/>MAITLAND, FL 32751 US</b>  |  |  | Mailing Address<br><b>1055 GREGORY DR<br/>MAITLAND, FL 32751 US</b> |  |  |
| 2. Principal Place of Business<br><b>1103 N. LAKE DESTINY Rd (SR 265)</b><br>Suite, Apt. #, etc.<br><b>265</b>   |  | 3. Mailing Address<br><b>P.O. Box 41406</b><br>Suite, Apt. #, etc. |   |    |  |
| City & State<br><b>MAITLAND FL</b>   |  | City & State<br><b>MAITLAND, FL</b>                                |   | 4. FEI Number<br><b>41-2186952</b>   |  |
| Zip<br><b>32751</b>  |  | Country<br><b>USA</b>  |   | 5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required                                      |  |
| 6. Name and Address of Current Registered Agent<br><b>CORPORATION SERVICE COMPANY<br/>1201 HAYS STREET<br/>TALLAHASSEE, FL 32301</b>   |  |  |   | 7. Name and Address of New Registered Agent<br>Name<br>Street Address (P.O. Box Number is Not Acceptable)<br>City <b>FL</b> Zip Code |  |
| 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____  |  |  |   |  |  |
| <b>Filing Fee is \$50.00<br/>Due by September 6, 2006</b>  |  | <b>Make check payable to<br/>Florida Department of State</b>       |   |  |  |
| <b>9. MANAGING MEMBERS/MANAGERS</b>  |  |  | <b>10. ADDITIONS/CHANGES</b>  |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <b>MGRM<br/>MCCAUSLAND, MICHAEL O<br/>1055 GREGORY DR<br/>MAITLAND, FL 32751</b> | <input type="checkbox"/> Delete                                    |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |   |  |  |
| 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. |  |  |   |  |  |
| <b>SIGNATURE:</b> _____ <b>7/18/06</b><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>  |  |  |   |  |  |