2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Sep 02, 2006
Secretary of State

DOCUMENT# L05000119059

Entity Name: RELIABLE MORTGAGE & TRUST, LLC

Current Principal Place of Business:

P.O. BOX 16903
PLANTATION, FL 333186903

New Principal Place of Business:

7027 WEST BROWARD BLVD
#376
PLANTATION, FL 33317

Current Mailing Address:

P.O. BOX 16903
PLANTATION, FL 333186903

New Mailing Address:

7027 WEST BROWARD BLVD
#376
PLANTATION, FL 33317

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **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:

RAYNER, WILBERT TRUSTEE
6120 CYPRESS RD.
PLANTATION, FL 33317 US

Name and Address of New Registered Agent:

RAYNER, WILBERT TRUSTEE
7027 WEST BROWARD BLVD
#376
PLANTATION, FL 33317 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: WILBERT RAYNER 09/02/2006
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM ( ) Delete
Name: RAYNER, WILBERT TRUSTEE
Address: 6120 CYPRESS RD.
City-St-Zip: PLANTATION, FL 33317

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: RAYNER, WILBERT TRUSTEE
Address: 7027 WEST BROWARD BLVD #376
City-St-Zip: PLANTATION, FL 33317

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: WILBERT RAYNER MR. 09/02/2006
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date