



2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 21, 2006 8:00 am
Secretary of State

02-21-2006 90175 010 ****50.00

DOCUMENT # L05000120460 1. Entity Name BAY AREA MORTGAGE COMPANY, LLC																																	
Principal Place of Business 4014 GUNN HIGHWAY SUITE 260 TAMPA, FL 33618				Mailing Address 4707 WINDFLOWER CIRCLE TAMPA, FL 33624																													
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 4014 Gunn Hwy Ste 260		 02162006 Chg-LLC CR2E083 (11/05)																													
City & State		City & State Tampa FL																															
Zip		Zip 33618																															
Country		Country USA																															
4. FEI Number 20-3973655				Applied For <input type="checkbox"/> Not Applicable																													
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent HOHL, TIMOTHY M 4707 WINDFLOWER CIRCLE TAMPA, FL 33624																													
7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) 4014 Gunn Hwy Ste 260 City Tampa FL Zip Code 33618				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 _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>																													
Filing Fee is \$50.00 Due by May 1, 2006		Make check payable to Florida Department of State		DATE _____																													
9. MANAGING MEMBERS/MANAGERS <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> MGRM HOHL, TIMOTHY M 4707 WINDFLOWER CIRCLE TAMPA, FL 33624 <input type="checkbox"/> Delete </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOHL, TIMOTHY M 4707 WINDFLOWER CIRCLE TAMPA, FL 33624 <input type="checkbox"/> Delete													10. ADDITIONS/CHANGES <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">TITLE NAME STREET ADDRESS CITY-ST-ZIP</td> <td style="width:70%;"> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4014 Gunn Hwy Ste 260 Tampa, FL 33618 </td> </tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> <tr><td colspan="2" style="height: 40px;"></td></tr> </table>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4014 Gunn Hwy Ste 260 Tampa, FL 33618												
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HOHL, TIMOTHY M 4707 WINDFLOWER CIRCLE TAMPA, FL 33624 <input type="checkbox"/> Delete																																
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 4014 Gunn Hwy Ste 260 Tampa, FL 33618																																
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.																																	
SIGNATURE: <u>J. Hohl</u> 2/17/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>																																	
<small>Date Daytime Phone #</small>																																	