

**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 08, 2006 8:00 am**  
**Secretary of State**

03-08-2006 90041 050 \*\*\*\*55.00

**20013951**

DOCUMENT # L05000121396			
1. Entity Name BRADFORD MORTGAGE, LLC			
Principal Place of Business 100 WEST PLANT ST. WINTER GARDEN, FL 34777		Mailing Address P.O. BOX 771547 WINTER GARDEN, FL 34777	
2. Principal Place of Business		3. Mailing Address <i>100 WEST PLANT ST</i>	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State <i>WINTER GARDEN FL</i>	
Zip	Country	Zip	Country
		<i>34787</i>	<i>USA</i>
4. FEI Number		Applied For	
<i>57-1225465</i>		Not Applicable	
5. Certificate of Status Desired		\$5.00 Additional Fee Required	
<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
BRADFORD, WADE 100 WEST PLANT ST. WINTER GARDEN, FL 34777		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL Zip Code <i>34787</i>	
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 _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>	
9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE	MGR <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRADFORD, WADE	NAME	
STREET ADDRESS	100 WEST PLANT ST.	STREET ADDRESS	
CITY - ST - ZIP	WINTER GARDEN, FL 34777	CITY - ST - ZIP	<i>34787</i>
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
TITLE	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY - ST - ZIP		CITY - ST - ZIP	
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: <i>[Signature]</i>		Date: <i>3/3/06</i> Daytime Phone #: <i>407-654-6397</i>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>			