

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 29, 2007 08:00 AM
Secretary of State

DOCUMENT # L05000121396				
1. Entity Name ALLIED MORTGAGE, LLC				
Principal Place of Business 100 WEST PLANT ST. WINTER GARDEN, FL 34777	Mailing Address 100 W PLANT ST WINTER GARDEN, FL 34787			
DO NOT WRITE IN THIS SPACE		 01082007 No Chg-LLC CR2E083 (11/05)		
4. FEI Number 57-1225465		<table border="1" style="width: 100%; border-collapse: collapse;"><tr><td style="width: 80%; padding: 2px;">Applied For</td></tr><tr><td style="padding: 2px;">Not Applicable</td></tr></table>	Applied For	Not Applicable
Applied For				
Not Applicable				
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				
6. Name and Address of Current Registered Agent BRADFORD, WADE 100 WEST PLANT ST. WINTER GARDEN, FL 34777		DO NOT WRITE IN THIS SPACE		
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>				
DATE _____				
Filing Fee is \$50.00 Due by May 1, 2007				
9. MANAGING MEMBERS/MANAGERS		<div style="margin-bottom: 20px;">U000000606990 01/31/07-80019-012 50.00</div> DO NOT WRITE IN THIS SPACE		
TITLE	MGR			
NAME	BRADFORD, WADE			
STREET ADDRESS	100 WEST PLANT ST.			
CITY-ST-ZIP	WINTER GARDEN, FL 34787			
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
CITY-ST-ZIP				
TITLE				
NAME				
STREET ADDRESS				
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:  M WADE BRADFORD 1/2/07 407-652-6397				
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>				
<small>Date Daytime Phone #</small>				