

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 06, 2007 8:00 am
Secretary of State

04-05-2007 90026 020 ****50.00
07-06-2007 90036 003 ****50.00

DOCUMENT # L06000038645 1. Entity Name AFFILIATED MORTGAGE SERVICES OF CENTRAL FLORIDA, LLC					
Principal Place of Business 2701 S.E. MARICAMP ROAD, STE. 104 OCALA, FL 34471			Mailing Address 2701 S.E. MARICAMP ROAD, STE. 104 OCALA, FL 34471		
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 20-4688962	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent FLANAGAN, GREGORY S P.A. 2701 S.E. MARICAMP ROAD, STE. 104 OCALA, FL 34471				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM ARNETT, JOHN W P.O. BOX 2405 OCALA, FL 34478			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM CRENSHAW, SHERI M 4223 S.E. 106TH PLACE BELLEVIEW, FL 34420			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLANAGAN, GREGORY S 2701 S.E. MARICAMP ROAD, STE. 104 OCALA, FL 34471			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLANAGAN, GREGORY S 2701 S.E. MARICAMP ROAD, STE. 104 OCALA, FL 34471			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLANAGAN, GREGORY S 2701 S.E. MARICAMP ROAD, STE. 104 OCALA, FL 34471			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLANAGAN, GREGORY S 2701 S.E. MARICAMP ROAD, STE. 104 OCALA, FL 34471			<input type="checkbox"/> Delete	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM FLANAGAN, GREGORY S 2701 S.E. MARICAMP ROAD, STE. 104 OCALA, FL 34471			<input type="checkbox"/> Delete	
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: 				Date 7-2-07 (352) 732-2723	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					