

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000067560

FILED
Jul 05, 2007
Secretary of State

Entity Name: AMERICA'S REVERSE MORTGAGE ACADEMY, LLC.

Current Principal Place of Business:

1000 SAVAGE COURT
#100
LONGWOOD, FL 32750

New Principal Place of Business:

Current Mailing Address:

1000 SAVAGE COURT
#100
LONGWOOD, FL 32750

New Mailing Address:

FEI Number: 20-5154526 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
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:

Name and Address of New Registered Agent:

POLK, GREGORY
1000 SAVAGE COURT
#100
LONGWOOD, FL 32750 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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: BOWDEN, PATRICIA
Address: 740 HEMPSTEAD AVE
City-St-Zip: ORLANDO, FL 32803

Title: MGR () Delete
Name: SMITH, PATRICIA
Address: 235 DELEON RD
City-St-Zip: DEBARY, FL 32713

Title: MGR () Delete
Name: POLK, GREGORY D
Address: 1000 SAVAGE COURT
City-St-Zip: LONGWOOD, FL 32750

Title: MGR () Delete
Name: FOSTER, JUDITH
Address: 1000 SAVAGE COURT
City-St-Zip: LONGWOOD, FL 32750

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: PATRICIA BOWDEN

MGR

07/05/2007

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date