
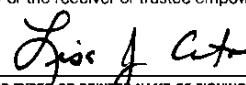


**2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 01, 2007 8:00 am**  
**Secretary of State**

03-01-2007 90191 050 \*\*\*\*55.00

<b>DOCUMENT # L0600085317</b>					
<b>1. Entity Name</b> FMB MORTGAGE COMPANY, LLC					
<b>Principal Place of Business</b> 200 EAST WASHINGTON STREET MONTICELLO, FL 32344-1952			<b>Mailing Address</b> 200 EAST WASHINGTON STREET MONTICELLO, FL 32344-1952		
<b>2. Principal Place of Business - No P.O. Box #</b> 3320 THOMASVILLE ROAD		<b>3. Mailing Address</b> 2804 REMINGTON GREEN CIR			
Suite, Apt. #, etc.		Suite, Apt. #, etc. SUITE 2			
<b>City &amp; State</b> TALLAHASSEE FL		<b>City &amp; State</b> TALLAHASSEE FL		<b>4. FEI Number</b> 20-5453637	
Zip 32308		Country USA		Applied For Not Applicable	
Zip 32308		Country USA		<b>5. Certificate of Status Desired</b> <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>			<b>7. Name and Address of New Registered Agent</b>		
LESTER, SAM 200 EAST WASHINGTON STREET MONTICELLO, FL 32344-1952			Name		
			Street Address (P.O. Box Number is Not Acceptable)		
			City		
			FL Zip Code		
<b>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.</b>					
<b>SIGNATURE</b> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2007</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGRM LCH MORTGAGE LLC 2804 REMINGTON GREEN CIR STE 2 TALLAHASSEE FL 32308	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP	MGR FMB FINANCIAL SERVICES, INC 200 EAST WASHINGTON STREET MONTICELLO FL 32344	<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	<b>TITLE</b> NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
<b>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.</b>					
<b>SIGNATURE:</b> 		Lisa J. Caton		2/26/07 850-877-0077	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	