

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000118199

FILED  
Jul 10, 2007  
Secretary of State

**Entity Name:** A-PLUS MORTGAGE BUSINESS SCHOOL LLC

**Current Principal Place of Business:**

1020 EAST LAFAYETTE STREET  
SUITE 102  
TALLAHASSEE, FL 32301

**New Principal Place of Business:**

2700-A APALACHEE PARKWAY  
SUITE A  
TALLAHASSEE, FL 32301

**Current Mailing Address:**

PO BOX 1522  
TALLAHASSEE, FL 32302

**New Mailing Address:**

**FEI Number:** **FEI Number Applied For (X)** **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:**

BROWN, KEVIN  
3558 MOSSY CREEK LANE  
TALLAHASSEE, FL 32311 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:**

**ADDITIONS/CHANGES:**

Title: MGRM ( ) Delete  
Name: BROWN, KEVIN  
Address: PO BOX 1522  
City-St-Zip: TALLAHASSEE, FL 32302

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

Title: MGRM (X) Delete  
Name: ARMIJO, MARY  
Address: PO BOX 1522  
City-St-Zip: TALLAHASSEE, FL 32302

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: KEVIN BROWN

MGRM

07/10/2007

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