

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90014 045 ****50.00

DOCUMENT # M00000001565

1. Entity Name
PARTNERSHIP MORTGAGE, LLC



Principal Place of Business
**4023 TAMPA ROAD
SUITE 2800
OLDSMAR, FL 34667 US**

Mailing Address
**901 SEMMES AVENUE
MAIL CODE MTG 1815
RICHMOND, VA 23224**

2. Principal Place of Business

4025 Tampa Road

Suite, Apt. #, etc.

Suite 1116

City & State

Oldsmar, FL

Zip

34667

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country



03202006

Chg-LLC

CR2E083 (11/05)

4. FEI Number

59-3653478

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
SUNTRUST LENDER MANAGEMENT, LLC
901 SEMMES AVE MTG 1815
RICHMOND, VA 23224**

☐ Delete

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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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: by:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Michelle Collins-Robinson, Manager

3/24/06

804-291-0089

Date

Daytime Phone #