2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jul 05, 2005
Secretary of State

DOCUMENT# M03000001708

Entity Name: COMMUNITY CENTRAL MORTGAGE COMPANY, LLC

Current Principal Place of Business:

85 N. MAIN STREET STE. 301
MT. CLEMENS, MI 48043

New Principal Place of Business:

120 N. MAIN STREET
MT. CLEMENS, MI 48043

Current Mailing Address:

85 N. MAIN STREET STE. 301
MT. CLEMENS, MI 48043

New Mailing Address:

120 N. MAIN STREET
MT. CLEMENS, MI 48043

FEI Number: 38-3602922 **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:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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: MGRM ( ) Delete
Name: HILL, BOBBY
Address: 85 N. MAIN STREET STE. 301
City-St-Zip: MT. CLEMENS, MI 48043

Title: MGRM ( ) Delete
Name: REED, RONALD R
Address: 85 N. MAIN STREET STE. 301
City-St-Zip: MT. CLEMENS, MI 48043

Title: MGRM ( ) Delete
Name: WIDLAK, DAVID A
Address: 85 N. MAIN STREET STE. 301
City-St-Zip: MT. CLEMENS, MI 48043

Title: MGRM ( ) Delete
Name: SHREVE, CHARLES U
Address: 85 N. MAIN STREET STE. 301
City-St-Zip: MT. CLEMENS, MI 48043

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: HILL, BOBBY
Address: 120 N. MAIN STREET
City-St-Zip: MT. CLEMENS, MI 48043

Title: MGRM (X) Change ( ) Addition
Name: REED, RONALD R
Address: 120 N. MAIN STREET
City-St-Zip: MT. CLEMENS, MI 48043

Title: MGRM (X) Change ( ) Addition
Name: WIDLAK, DAVID A
Address: 120 N. MAIN STREET STE. 301
City-St-Zip: MT. CLEMENS, MI 48043

Title: MGRM (X) Change ( ) Addition
Name: SHREVE, CHARLES U
Address: 120 N. MAIN STREET
City-St-Zip: MT. CLEMENS, MI 48043

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: CHARLES U SHREVE PRES 07/05/2005

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