

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001708

FILED  
Jul 05, 2006  
Secretary of State

**Entity Name:** COMMUNITY CENTRAL MORTGAGE COMPANY, LLC

**Current Principal Place of Business:**

120 N. MAIN STREET  
MT. CLEMENS, MI 48043

**New Principal Place of Business:**

**Current Mailing Address:**

120 N. MAIN STREET  
MT. CLEMENS, MI 48043

**New Mailing Address:**

**FEI Number:** 38-3602922      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
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:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 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: MGRM ( ) Delete  
Name: HILL, BOBBY  
Address: 120 N. MAIN STREET  
City-St-Zip: MT. CLEMENS, MI 48043

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

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

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

**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 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: CHARLES U SHREVE

MGRM

07/05/2006

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