

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000002483

Entity Name: ALCOVA MORTGAGE LLC

FILED
Apr 18, 2006
Secretary of State

Current Principal Place of Business:

2840 ELECTRIC RD
SUITE A111
ROANOKE, VA 24018

New Principal Place of Business:

Current Mailing Address:

2840 ELECTRIC RD
SUITE A111
ROANOKE, VA 24018

New Mailing Address:

FEI Number: 14-1886719

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

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: MGR () Delete
Name: LINDSTROM, ROB
Address: 4501 COLONIAL PLACE DR
City-St-Zip: ROANOKE, VA 24018 US

Title: MGR () Delete
Name: NICELY, BOBBY
Address: 175 JUSTIN LANE
City-St-Zip: CHRISTIANBURG, VA 24073 US

Title: MGR () Delete
Name: SIPLA, BILLY
Address: 4501 COLONIAL PLACE DR
City-St-Zip: ROANOKE, VA 24018 US

ADDITIONS/CHANGES:

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

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

Title: MGR (X) Change () Addition
Name: SIPLE, WILLIAM
Address: 4501 COLONIAL PLACE DR
City-St-Zip: ROANOKE, VA 24018 US

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: ROBERT LINDSTROM II

MGR

04/18/2006

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