


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

**FILED
Mar 13, 2006 08:00 AM
Secretary of State**

DOCUMENT # M04000000278
1. Entity Name
OASIS MORTGAGE, L.L.C.



Principal Place of Business 187 A NORTH SHORE PLACE GULF SHORES, AL 36542	Mailing Address 187 A NORTH SHORE PLACE GULF SHORES, AL 36542
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DO NOT WRITE IN THIS SPACE



03062008 No Chg-LLC CR2E083 (11/05)

4. FEI Number 87-0693895	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

CAHOON, DAVID
14600 PERDIDO KEY DR
PERDIDO KEY, FL 32507

**DO NOT WRITE
IN THIS SPACE**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

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

113723706-31014-111 50.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTMAN, KIM L 187 A NORTH SHORE PLACE GULF SHORES, AL 36542
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM PITTMAN, JERRY W 187 A NORTH SHORE PLACE GULF SHORES, AL 36542
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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IN THIS SPACE**

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: **KIM L. PITTMAN** *Kim L. Pittman* **03/06/06** **(251) 968-3266**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #