


**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Jan 24, 2007 8:00 am
Secretary of State

01-24-2007 90051 026 ****55.00

DOCUMENT # M04000003116	
1. Entity Name EXCLUSIVE METRO MORTGAGE, LLC	

Principal Place of Business 1775 THE EXCHANGE SUITE 540 ATLANTA, GA 30339	Mailing Address 1775 THE EXCHANGE SUITE 540 ATLANTA, GA 30339
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60005501



2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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01182007 Chg-LLC CR2E083 (12/06)

City & State	City & State	4. FEI Number APPLIED FOR 58-2583068	Applied For Not Applicable
Zip	Country	Zip	Country

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent C T CORPORATION 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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, the registered agent.

SIGNATURE *Frank Thrift* (NOTE: Registered Agent signature required when reinstating) DATE *1-22-2007*

**Filing Fee is \$50.00
Due by May 1, 2007**

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR WISE, AARON M <input type="checkbox"/> Delete 700 NORTH GREEN STREET, SUITE 304 CHICAGO, IL 60622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P THRIFT, FRANK <input type="checkbox"/> Delete 1775 THE EXCHANGE, #540 ATLANTA, GA 30389
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP WISE, AARON <input type="checkbox"/> Delete 700 NORTH GREEN ST # 304 CHICAGO, IL 60622
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *Frank Thrift* Date *1-22-07*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #