


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 27, 2006 08:00 AM
Secretary of State

DOCUMENT # M04000003196 1. Entity Name STRUCTURED MORTGAGE, LTD. CO.	
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Principal Place of Business 200 EAST CAMPUS VIEW BLVD., SUITE 200 COLUMBUS, OH 43235	Mailing Address 200 EAST CAMPUS VIEW BLVD., SUITE 200 COLUMBUS, OH 43235
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03092006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

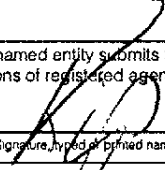
4. FEI Number 81-0596137	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent STIVERS, H B 245 EAST VIRGINIA STREET TALLAHASSEE, FL 32301
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**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  _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HENRY, KIP E 200 EAST CAMPUS VIEW BLVD., SUITE 200 COLUMBUS, OH 43235
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05/09/06-80092-005 50.00

**DO NOT WRITE
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:  _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

4-20-06 614 985-3660