

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000003581

FILED
Apr 27, 2007
Secretary of State

Entity Name: MORTGAGE ASSOCIATES LLC

Current Principal Place of Business:

448 NORTH MAIN STREET
SUITE 200
OSHKOSH, WI 54901 49

New Principal Place of Business:

448 NORTH MAIN STREET
SUITE 201
OSHKOSH, WI 54901 49

Current Mailing Address:

448 NORTH MAIN STREET
SUITE 200
OSHKOSH, WI 54901 49

New Mailing Address:

FEI Number: 56-2451891 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BIGLER, TIM
1342 MARLEE ROAD
SWITZERLAND, FL 32259 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: MGRM () Delete
Name: JAHNKE, JEFFREY A
Address: 448 NORTH MAIN STEET
City-St-Zip: OSHKOSH, WI 54901 49

Title: MGRM () Delete
Name: SURPRISE, CRAIG
Address: 3701 E EVERGREEN DRIVE
City-St-Zip: APPLETON, WI 54913

Title: MGRM () Delete
Name: CASSIANI, JULIE
Address: 3701 E EVERGREEN DRIVE
City-St-Zip: APPLETON, WI 54913

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:

I hereby certify that the information supplied with this filing does not qualify 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: JEFFREY A. JAHNKE

MGRM

04/27/2007

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