

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000001264

FILED  
Jan 06, 2006  
Secretary of State

**Entity Name:** BANKERS MORTGAGE COMPANY, LLC

**Current Principal Place of Business:**

350 W. BURNSVILLE PARKWAY, SUITE 650  
BURNSVILLE, MN 55337

**New Principal Place of Business:**

**Current Mailing Address:**

350 W. BURNSVILLE PARKWAY, SUITE 650  
BURNSVILLE, MN 55337

**New Mailing Address:**

**FEI Number:** 41-1852946

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

BURKSTRAND, JENNIFER M  
2120 PEBBLE CREEK LN  
ORANGE PARK, FL 32003 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: BIRES, JAMES  
Address: 350 W BURNSVILLE PARKWAY, SUITE 650  
City-St-Zip: BURNSVILLE, MN 55337

Title: MGRM ( ) Delete  
Name: KUEHN, DON  
Address: 350 W BURNSVILLE PARKWAY, SUITE 650  
City-St-Zip: BURNSVILLE, MN 55337

Title: MGRM ( ) Delete  
Name: KAMPSEN, DOUG  
Address: 350 W BURNSVILLE PARKWAY, SUITE 650  
City-St-Zip: BURNSVILLE, MN 55337

Title: MGRM ( ) Delete  
Name: BLOCK, KEN  
Address: 350 W BURNSVILLE PARKWAY, SUITE 650  
City-St-Zip: BURNSVILLE, MN 55337

**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:

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

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: JAMES BIRES

MGRM

01/06/2006

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