


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 28, 2006 8:00 am
Secretary of State

03-28-2006 90014 046 ****50.00

DOCUMENT # M05000005864 1. Entity Name POLK COUNTY BUILDERS MORTGAGE, L.L.C.					
Principal Place of Business 210 SOUTH FLORIDA AVENUE LAKE LAND, FL 33801			Mailing Address 210 SOUTH FLORIDA AVENUE LAKE LAND, FL 33801		
2. Principal Place of Business Suite, Apt. #, etc.		3. Mailing Address 901 Semmes Avenue MTG 1815			
City & State Zip		City & State Richmond, VA Zip 23224		4. FEI Number 04-3829394	
Country		Country		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$50.00 Due by May 1, 2006				Make check payable to Florida Department of State	
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR SUNTRUST LENDER MANAGEMENT, L.L.C. 901 SEMMES AVENUE, MTG 1815 RICHMOND, VA 23224 <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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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: <i>by: Danique Blowe</i> Danique Blowe, Manager 3/20/06 804-291-2429 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					