
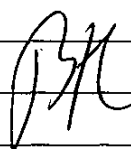
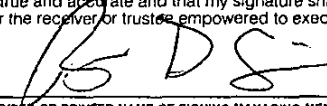


# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
2006 MAR -8 PM 1:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>DOCUMENT # M96000000211</b> 1. Entity Name <b>MUNICIPAL MORTGAGE &amp; EQUITY, LLC</b>					
Principal Place of Business <b>621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202</b>			Mailing Address <b>621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202</b>		
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip      Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip      Country			
03022006    Chg-LLC    CR2E083 (11/05)				4. FEI Number <b>52-1449733</b>	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2006</b>		<b>Make check payable to Florida Department of State</b>			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO JOSEPH, MARK K 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>900068105449 03/20/06--01020--005 **50.00</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P FALCONE, MICHAEL L 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V MENTESANA, GARY A 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V HARRISON, WILLIAM S 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer Anthony M. fsud 621 East Pratt Street, 3rd floor Baltimore MD 21202</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CONT GIBSON, SHEILA R 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Melanie Lundquist CFO 621 East Pratt Street Baltimore MD 21122</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GOLDBERG, STEPHEN A 621 EAST PRATT STREET, SUITE 300 BALTIMORE, MD 21202</b> <input type="checkbox"/> Delete		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.					
<b>SIGNATURE:</b> 			<b>DEPUTY GENERAL COUNSEL AND ASSISTANT SECRETARY</b> 3-2-06    443-263-2883		
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date      Daytime Phone #		