

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F05000005773

FILED  
Feb 20, 2006  
Secretary of State

Entity Name: LINDEN RESIDENTIAL CREDIT CORP.

**Current Principal Place of Business:**

35 PINELAWN ROAD, SUITE 104E  
MELVILLE, NY 11747

**New Principal Place of Business:**

**Current Mailing Address:**

35 PINELAWN ROAD, SUITE 104E  
MELVILLE, NY 11747

**New Mailing Address:**

FEI Number: 01-0716580

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

FLORIDA FILING & SEARCH SERVICES, INC.  
1333 NORTH DUVAL STREET  
TALLAHASSEE, FL 32303 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

Election Campaign Financing Trust Fund Contribution ( ).

**OFFICERS AND DIRECTORS:**

Title: DPST ( ) Delete  
Name: KLOSKA, NANCY D  
Address: 35 PINELAWN ROAD, SUITE 104E  
City-St-Zip: MELVILLE, NY 11747

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NANCY KLOSKA

PRES

02/20/2006

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date