

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Apr 17, 2006 8:00 am
Secretary of State

04-17-2006 90047 002 ****50.00

DOCUMENT # L02000023463

1. Entity Name
MORTGAGE LENDING COMPANY, LLC



Principal Place of Business

**7451 SOUTH WEST 68 STREET
MIAMI, FL 33143**

Mailing Address

**POST OFFICE BOX 430336
SOUTH MIAMI STATION
MIAMI, FL 33143**

DO NOT WRITE IN THIS SPACE

04122006No Chg-LLC

CR2E083 (11/05)

4. FEI Number
16-1630885

Applied For
Not Applicable

5. Certificate of Status Desired ☐ **\$5.00** Additional
Fee Required

6. Name and Address of Current Registered Agent

**DE BLANK, MAURITS J
7451 SOUTH WEST 68 STREET
MIAMI, FL 33143**

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when renewing)

DATE

**Filing Fee is \$50.00
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DE BLANK, MAURITS J
7451 SOUTH WEST 68 STREET
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
DE BLANK, TERESITA E
7451 S W 68 STREET
MIAMI, FL 33143**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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:

Maurits de Blank

4.10.06 305-613-8900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

MAURITS DE BLANK