

# **2007 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L04000093544

**FILED**  
**Jan 17, 2007**  
**Secretary of State**

**Entity Name:** ISI MORTGAGE NETWORK LLC

**Current Principal Place of Business:**

1799 N. STATE RD. 7  
#4  
MARGATE, FL 33063

**New Principal Place of Business:**

**Current Mailing Address:**

1799 N. STATE RD. 7 #4  
#4  
MARGATE, FL 33063

**New Mailing Address:**

**FEI Number:** 71-0975653

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

VALDES, THOMAS M  
1799 N. STATE ROAD 7 #4  
MARGATE, FL 33063 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:** PRES ( ) Delete  
**Name:** VALDES, THOMAS M  
**Address:** 1799 N. STATE ROAD 7 #4  
**City-St-Zip:** MARGATE, FL 33063

**ADDITIONS/CHANGES:**

**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:** THOMAS M. VALDES

PRES

01/17/2007

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