

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000001520

Entity Name: HUDSON MORTGAGE LLC

FILED
Apr 27, 2006
Secretary of State

Current Principal Place of Business:

999 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Principal Place of Business:

4770 BISCAYNE BLVD.
400
MIAMI, FL 33137

Current Mailing Address:

999 WASHINGTON AVENUE
MIAMI BEACH, FL 33139

New Mailing Address:

4770 BISCAYNE BLVD.
400
MIAMI, FL 33137

FEI Number: 20-2666093

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

GALBUT, ABRAHAM A
999 WASHINGTON AVENUE
MIAMI BEACH, FL 33139 US

Name and Address of New Registered Agent:

GALBUT, ABRAHAM A
4770 BISCAYNE BLVD.
400
MIAMI, FL 33137 US

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:

04/27/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: PALLADIUM PARTNERS L, LC
Address: 999 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: NORMANDY PARTNERS LL, C
Address: 999 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: KBGM PARTNERS LLC,
Address: 999 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: ESG PARTNERS LLC,
Address: 999 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

Title: MGRM () Delete
Name: ANG PARTNERS LLC,
Address: 999 WASHINGTON AVENUE
City-St-Zip: MIAMI BEACH, FL 33139

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: ABRAHAM A GALBUT

MGR

04/27/2006

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