

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000012330

FILED  
Jan 04, 2006  
Secretary of State

**Entity Name:** UNION CAPITAL MORTGAGE SERVICES, LLC

**Current Principal Place of Business:**

450 LAS OLAS BOULEVARD  
SUITE: 1100  
FORT LAUDERDALE, FL 33301

**New Principal Place of Business:**

**Current Mailing Address:**

450 LAS OLAS BOULEVARD  
SUITE: 1100  
FORT LAUDERDALE, FL 33301

**New Mailing Address:**

**FEI Number:** 86-1128407

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

RUMORE, C. ANTHONY ESQ.  
450 LAS OLAS BOULEVARD  
SUITE: 1100  
FORT LAUDERDALE, FL 33301 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: MGRM ( ) Delete  
Name: MONACO, SEAN W  
Address: 3820 NW 101 DRIVE  
City-St-Zip: CORAL SPRINGS, FL 33065

Title: MGRM ( ) Delete  
Name: LYON, MARK E  
Address: 660 NW 101 TERRACE  
City-St-Zip: CORAL SPRINGS, FL 33071

**ADDITIONS/CHANGES:**

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: MARK LYON

PRES

01/04/2006

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