

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000095724

FILED  
Jul 19, 2006  
Secretary of State

**Entity Name:** RESIDENTIAL LENDING UNION OF FLORIDA, L.L.C.

**Current Principal Place of Business:**

1560 SAWGRASS CORPORATE PARKWAY SUITE 400  
SUNRISE, FL 33323

**New Principal Place of Business:**

**Current Mailing Address:**

1560 SAWGRASS CORPORATE PARKWAY SUITE 400  
SUNRISE, FL 33323

**New Mailing Address:**

FEI Number: 20-3548225      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

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

PURCELL, CHERYL A  
12842 FORESTEDGE CIRCLE  
ORLANDO, FL 32828      US

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

KOVACSIK, MICHAEL E  
1560 SAWGRASS CORP. PKWY  
SUNRISE, FL 33323      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: MICHAEL KOVACSIK

07/19/2006

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

Title: ( ) Delete  
Name:  
Address:  
City-St-Zip:

**ADDITIONS/CHANGES:**

Title: DIR ( ) Change (X) Addition  
Name: KOVACSIK, MICHAEL  
Address: 1560 SAWGRASS CORP. PKWY  
City-St-Zip: SUNRISE, FL 33323

Title: DIR ( ) Change (X) Addition  
Name: PESETSKY, GREG  
Address: 1560 SAWGRASS CORP. PKWY  
City-St-Zip: SUNRISE, FL 33323

Title: DIR ( ) Change (X) Addition  
Name: MC EACHRON, RUBEN  
Address: 1560 SAWGRASS CORP. PKWY  
City-St-Zip: SUNRISE, FL 33323

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: MICHAEL KOVACSIK

DIR

07/19/2006

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