

# **2010 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000037062

**FILED**  
**Mar 30, 2010**  
**Secretary of State**

**Entity Name:** FORECLOSURE SOLUTIONS PARTNERS LLC

**Current Principal Place of Business:**

210 174TH STREET  
UNIT 1802  
SUNNY ISLES BEACH, FL 33160

**New Principal Place of Business:**

**Current Mailing Address:**

210 174TH STREET  
UNIT 1802  
SUNNY ISLES BEACH, FL 33160

**New Mailing Address:**

**FEI Number:** 39-2074081

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

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

IRINA, KARAN  
210 174TH STREET  
UNIT 1802  
SUNNY ISLES BEACH, FL 33160 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  
Name: KARAN, IRINA  
Address: 210 174TH STREET, UNIT 1802  
City-St-Zip: SUNNY ISLES BEACH, FL 33160

Title: MMBR  
Name: KARAN, ANNA  
Address: 175 FREEMAN ST., 122  
City-St-Zip: BROOKLINE, MA 02446

I hereby 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: IRINA KARAN

MGRM

03/30/2010

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