

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 11, 2005 08:00 AM
Secretary of State

DOCUMENT # L97000000834	
1. Entity Name LLOYDS ESCROW COMPANY, L.C.	
Principal Place of Business 5030 CHAMPION BLVD., STE. G-6292 BOCA RATON, FL 33496	Mailing Address 5030 CHAMPION BLVD., STE. G-6292 BOCA RATON, FL 33496



02012005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0770964	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent KEMPPAINEN, HANNU T 5030 CHAMPION BLVD., STE. G-6292 BOCA RATON, FL 33496	DO NOT WRITE IN THIS SPACE
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$50.00
Due by May 1, 2005**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM KEMPPAINEN, HANNU T 5030 CHAMPION BLVD., STE. G-6292 BOCA RATON, FL 33496
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LLOYDS FINANCE FUND, LLC 5030 CHAMPION BLVD., STE. G-6292 BOCA RATON, FL 33496
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

HANNU T. KEMPPAINEN

2-8-2005