

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

Jan 27, 2006 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



01232006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0770964

Applied For
Not Applicable

5. Certificate of Status Desired ☐ \$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

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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 re-registering)

DATE

Filing Fee is \$50.00
Due by May 1, 2006

000000403691
02/06/06-80017-011 50.00

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

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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CITY - ST - ZIP

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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IN THIS SPACE

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 KEMPPAINEN

1-24-2006