

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 05, 2007 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



01292007No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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, 2007**

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
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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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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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UD00000622781
02/13/07-80040-002 50.00

**DO NOT WRITE
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

1-31-2007