

# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 03, 2004 8:00 am**  
**Secretary of State**

08-03-2004 90105 021 \*\*\*\*55.00

**DOCUMENT # M00000002380**

1. Entity Name

**MORTGAGE SYSTEMS INTERNATIONAL LLC**



Principal Place of Business

1643 N. HARRISON PKWY.  
BUILDING H, SUITE 200  
SUNRISE FL 33323

Mailing Address

1643 N. HARRISON PKWY.  
BUILDING H, SUITE 200  
SUNRISE FL 33323

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**65-1053995**

Applied For

Not Applicable

5. Certificate of Status Desired

☒ **\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C-T CORPORATION SYSTEM**  
**1200 SOUTH PINE ISLAND ROAD**  
**PLANTATION FL 33324**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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.

**DEPART**

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 8, 2004**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  
NAME **C** ☐ Delete  
STREET ADDRESS **FREIMAN, HAROLD**  
CITY-ST-ZIP **1643 N. HARRISON PKWY BLDG H STE 200**  
**SUNRISE FL 33323**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **T** ☐ Delete  
STREET ADDRESS **KIGUEL, MIGUEL**  
CITY-ST-ZIP **RECONQUISTA 151, 5 PISO**  
**BUENOS AIRES ARGENTINA 1003**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **S** ☐ Delete  
STREET ADDRESS **VINES, ERNESTO**  
CITY-ST-ZIP **RECONQUISTA 151, 5 PISO**  
**BUENOS AIRES ARGENTINA 1003**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **MEM** ☐ Delete  
STREET ADDRESS **GOMEZ, RICARDO**  
CITY-ST-ZIP **RECONQUISTA 151, 5 PISO**  
**BUENOS AIRES ARGENTINA 1003**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME **MEM** ☒ Delete  
STREET ADDRESS **FREEMAN, LEWIS B**  
CITY-ST-ZIP **2601 S BAYSHORE DR #19**  
**COCONUT GROVE FL 33133**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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]* **CORRECTOR**

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

*7/26/04* *(954) 838-6002*

Date

Daytime Phone #