

2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 12, 2005 08:00 AM
Secretary of State

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**



02032005 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

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

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

**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, 2005**

9. MANAGING MEMBERS/MANAGERS

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

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

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

U000000227539
02/14/05-80004-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]*

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

2/3/05 *954-938 6002*

Date

Daytime Phone #