

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 06, 2006 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**



01272006 No Chg-LLC

CR2E083 (11/05)

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, 2006**

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	

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**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 #

1/31/06

954-838-6002