

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M00000002380

FILED
Aug 07, 2006
Secretary of State**Entity Name:** MORTGAGE SYSTEMS INTERNATIONAL LLC**Current Principal Place of Business:**1643 N. HARRISON PKWY.
BUILDING H, SUITE 200
SUNRISE, FL 33323**New Principal Place of Business:****Current Mailing Address:**1643 N. HARRISON PKWY.
BUILDING H, SUITE 200
SUNRISE, FL 33323**New Mailing Address:****FEI Number:** 65-1053995**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired (X)****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: C () Delete
Name: FREIMAN, HAROLD
Address: 1643 N. HARRISON PKWY BLDG H STE 200
City-St-Zip: SUNRISE, FL 33323

Title: T (X) Delete
Name: KIGUEL, MIGUEL
Address: RECONQUISTA 151, 5 PISO
City-St-Zip: BUENOS AIRES ARGENTINA 1003,

Title: S () Delete
Name: VINES, ERNESTO
Address: RECONQUISTA 151, 5 PISO
City-St-Zip: BUENOS AIRES ARGENTINA 1003,

Title: MEM () Delete
Name: GOMEZ, RICARDO
Address: RECONQUISTA 151, 5 PISO
City-St-Zip: BUENOS AIRES ARGENTINA 1003,

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: ALAN NEWMAN

CONT

08/07/2006

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date