

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Jan 23, 2007 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**



01172007No 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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

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

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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01/25/07-80037-021 55.00

**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

01/17/07

Date

954-838-6006

Daytime Phone #