

**2005 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Mar 18, 2005 8:00 am**  
**Secretary of State**

03-18-2005 90383 007 \*\*\*\*50.00

**DOCUMENT # M02000002653**

1. Entity Name  
EQUITY RESIDENTIAL MORTGAGE COMPANY, LLC



Principal Place of Business  
7900 MIAMI LAKES DR WEST STE. 200  
MIAMI LAKES, FL 33016

Mailing Address  
7900 MIAMI LAKES DR WEST STE. 200  
MIAMI LAKES, FL 33016



03152005No Chg-LLC

CR2E083 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
37-1417575

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

BRAFMAN, HOWARD J  
7900 MIAMI LAKES DR WEST STE. 200  
MIAMI LAKES, FL 33016

**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  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
EQUITY RESIDENTIAL MORTGAGE HOLDING CORP  
2 NORTH RIVERSIDE PLAZA STE. 400  
CHICAGO, IL 60606

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
MGR  
HOME BUILDERS FINANCIAL NETWORK, LLC  
7900 MIAMI LAKES DR WEST STE. 200  
MIAMI LAKES, FL 33016

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**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)(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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

3/15/05 305 820-3917