

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

FILED
Jun 12, 2007 8:00 am
Secretary of State

06-12-2007 90011 006 ****50.00

DOCUMENT # M03000001733

1. Entity Name

MIDDLEGATE MORTGAGE, LLC



Principal Place of Business

8 WEST 40TH STREET, 4TH FLOOR
NEW YORK NY 10018

Mailing Address

8 WEST 40TH STREET, 4TH FLOOR
NEW YORK NY 10018

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

2nd MOORE

CR2E083 (4/07)

4. FEI Number

33-1034714

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

ABOUDI, JOSEPH
19707 TURNBERRY WAY APT. 18 E
N. MIAMI BEACH FL 33180

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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 restate(s))

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 5, 2007

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME LEVY, JOSEPH
STREET ADDRESS 8 WEST 40TH STREET, 4TH FLOOR
CITY-ST-ZIP NEW YORK NY 10018

TITLE MGR ☐ Change ☒ Addition
NAME CHAVI FELSENBERG
STREET ADDRESS 8 WEST 40TH STREET
CITY-ST-ZIP NEW YORK NY 10018

TITLE MGR ☒ Delete
NAME VERDIGER, ESTHER
STREET ADDRESS 8 WEST 40TH STREET, 4TH FLOOR
CITY-ST-ZIP NEW YORK NY 10018

TITLE MGR ☐ Change ☒ Addition
NAME CHAVI FELSENBERG
STREET ADDRESS 8 WEST 40TH STREET
CITY-ST-ZIP NEW YORK NY 10018

TITLE MGR ☐ Delete
NAME SUTTON, ISAAC
STREET ADDRESS 8 WEST 40TH STREET, 4TH FLOOR
CITY-ST-ZIP NEW YORK NY 10018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SUTTON, ALBERTO
STREET ADDRESS 8 WEST 40TH STREET, 4TH FLOOR
CITY-ST-ZIP NEW YORK NY 10018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE MGR ☐ Delete
NAME SUTTON, ELLIOT
STREET ADDRESS 8 WEST 40TH STREET, 4TH FLOOR
CITY-ST-ZIP NEW YORK NY 10018

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

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, MANAGER, OR AUTHORIZED REPRESENTATIVE

DATE

Daytime Phone #

5/30/07 (212) 382-9539