


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Apr 17, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M04000001416</b> 1. Entity Name NORTHFIELD TRUST MORTGAGE COMPANY, L.L.C.	
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Principal Place of Business 342 NORTH MAIN STREET ANDOVER, MA 01810	Mailing Address 342 NORTH MAIN STREET ANDOVER, MA 01810
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**DO NOT WRITE IN THIS SPACE**



04092007 No Chg-LLC CR2E083 (11/05)

4. FEI Number 03-0504399	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324
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**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 \_\_\_\_\_

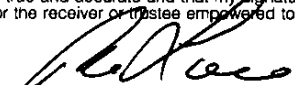
**Filing Fee is \$50.00  
Due by May 1, 2007**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LICARE, RICHARD 342 NORTH MAIN STREET ANDOVER, MA 01810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KILEY, ROBERT 342 NORTH MAIN STREET ANDOVER, MA 01810
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PANTALEO, MICHAEL 342 NORTH MAIN STREET ANDOVER, MA 01810
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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U000000713053  
04/26/07-80075-008 50.00

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 **4/10/07** **778 824 3300**  
Date Daytime Phone #