2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004031

SUESS, GARY

CHARLOTTE, NC 282881089

NC 1089, 201 SOUTH COLLEGE ST., STE 1600

Name:

Address: City-St-Zip:

Entity Name: LENDINGTREE SETTLEMENT SERVICES, LLC

FILED Mar 28, 2005 Secretary of State

Current Principal Place of Business:				New Principal Place of Business:	
12854 KENAN DRIVE, SECOND FLOOR JACKSONVILLE, FL 32258				12854 KENAN DRIVE, SECOND FLOOR 202 JACKSONVILLE, FL 32258	
Current Mailing Address:				New Mailing Address:	
12854 KENAN DRIVE, SECOND FLOOR JACKSONVILLE, FL 32258				12854 KENAN DRIVE, SECOND FLOOR	
				JACKSONVILLE, FL 32258	
FEI Number:	20-1298156	FEI Number Applied For ()	FEI Nun	nber Not Applicable ()	Certificate of Status Desired ()
Name and Address of Current Registered Agent:				Name and Address of New Registered Agent:	
ANDERSON, DAVID 12854 KENAN DRIVE, SECOND FLOOR JACKSONVILLE, FL 32258 US				ANDERSON, DAVID 12854 KENAN DRIVE, SECOND FLOOR 202 JACKSONVILLE, FL 32258 US	
in the State		submits this statement for the pu	rpose o	r cnanging its registere	d office or registered agent, or both
SIGNATURE:					03/28/2005
	Electro	nic Signature of Registered Agen	t		Date
MANAGING MEMBERS/MEMBERS:				ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGR (LEBDA, DOUG 11115 RUSHM CHARLOTTE,	IORE DRIVE		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MGR (HALL, KEITH 11115 RUSHM CHARLOTTE,			Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	ANDERSON, I	DRIVE, SECOND FLOOR		Title: Name: Address: City-St-Zip:	() Change () Addition
Title: Name: Address: City-St-Zip:	MCELHANEY,	DRIVE, SECOND FLOOR		Title: Name: Address: City-St-Zip:	() Change () Addition
Title:	MGR () Delete		Title:	() Change () Addition

I hereby certify that the information supplied with this filing does not qualify for the 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 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.

Name:

Address:

City-St-Zip:

SIGNATURE: ROBERT L BENNETT MGR 03/28/2005