

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004802

FILED  
Aug 18, 2005  
Secretary of State

**Entity Name:** MORTGAGE COMPANY OF AMERICA, LLC

**Current Principal Place of Business:**

25 BROOK STREET  
SHELTON, CT 06484

**New Principal Place of Business:**

**Current Mailing Address:**

25 BROOK STREET  
SHELTON, CT 06484

**New Mailing Address:**

**FEI Number:** 06-1464107      **FEI Number Applied For ( )**      **FEI Number Not Applicable ( )**      **Certificate of Status Desired (X)**  
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

**Name and Address of Current Registered Agent:**

**Name and Address of New Registered Agent:**

NRAI SERVICES, INC.  
2731 EXECUTIVE PARK DRIVE  
SUITE 4  
WESTON, FL 33331 US

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.

SIGNATURE: \_\_\_\_\_

Electronic Signature of Registered Agent

\_\_\_\_\_ Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: BOUCHNER, LAWRENCE  
Address: 25 BROOK STREET  
City-St-Zip: SHELTON, CT 06484

Title: MGRM ( ) Delete  
Name: BOUCHNER, EVELYN  
Address: 25 BROOK STREET  
City-St-Zip: SHELTON, CT 06484

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

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.

SIGNATURE: LAWRENCE BOUCHNER

VP

08/18/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date