


**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 22, 2007 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # M05000004762</b> 1. Entity Name <b>GARDEN CITY MORTGAGE, LLC</b>	
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Principal Place of Business <b>250F CENTERVILLE ROAD WARWICK, RI 02886</b>	Mailing Address <b>250F CENTERVILLE ROAD WARWICK, RI 02886</b>
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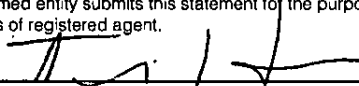
02132007 No Chg-LLC

CR2E083 (11/05)

4. FEI Number <b>61-1448951</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>
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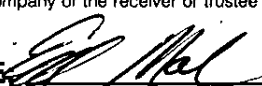
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.		
SIGNATURE 	<b>TRACI HOUCK SPECIAL ASSISTANT SECRETARY</b>	DATE <b>2/20/07</b>
<small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		

<b>Filing Fee is \$50.00 Due by May 1, 2007</b>
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9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM MOHAN, EDWARD 250F CENTERVILLE ROAD WARWICK, RI 02886</b>
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<p>U00000643500 03/02/07-80004-020 50.00</p> <p><b>DO NOT WRITE IN THIS SPACE</b></p>
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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 	<b>EDWARD MOHAN</b>	DATE <b>2/14/07</b> DAYTIME PHONE # <b>401-738-0222</b>
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE</small>		