

**2008 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Jan 14, 2008 08:00 AM**  
**Secretary of State**

**DOCUMENT # MQ7000006369**  
 1. Entity Name  
**ITG MORTGAGE COMPANY LLC**



Principal Place of Business      Mailing Address  
**482 CONEY ISLAND AVE., 3RD FLOOR**      **482 CONEY ISLAND AVE., 3RD FLOOR**  
**BROOKLYN, NY 11218**      **BROOKLYN, NY 11218**

**DO NOT WRITE IN THIS SPACE**



01072008No Chg-LLC      CR2E083 (12/07)

4. FEI Number      Applied For  
**20-3308201**      Not Applicable

5. Certificate of Status Desired       **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent  
**ARGY, YENON**  
**211 N.W. 5TH AVENUE**  
**HALLANDALE, FL 33009**

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and fee if applicable      (NOTE: Registered Agent signature required when certifying)

**FILE NOW!!! FEE IS \$138.75**  
**After May 1, 2008 Fee will be \$538.75**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>KREDLIK, ILAN</b> <b>482 CONEY ISLAND AVE., 3RD FLOOR</b> <b>BROOKLYN, NY 11218</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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 01/15/08-80081-002 138.75

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:**       **1-07-08**      **718-853-8855**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #