

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M97000000289

**FILED**  
**Mar 02, 2009**  
**Secretary of State**

**Entity Name:** KINGSBRIDGE MORTGAGE SERVICING LLC

**Current Principal Place of Business:**

% WILLIAM SHERRY  
700 S. OCEAN BLVD., SUITE 401  
BOCA RATON, FL 33432

**New Principal Place of Business:**

**Current Mailing Address:**

% WILLIAM SHERRY  
700 S. OCEAN BLVD., SUITE 401  
BOCA RATON, FL 33432

**New Mailing Address:**

**FEI Number:** 13-3955110

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired (X)**

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

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

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

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:** SHERRY, MICHAEL  
**Address:** 1700 NW 93RD TERRACE  
**City-St-Zip:** PLANTATION, FL 33322

**ADDITIONS/CHANGES:**

**Title:** MGR (X) Change ( ) Addition  
**Name:** SHERRY, MICHAEL  
**Address:** 700 S. OCEAN BLVD., SUITE 401  
**City-St-Zip:** BOCA RATON, FL 33432

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, 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:** MICHAEL SHERRY

MGR

03/02/2009

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