

**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
05 JUN 17 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M98000000764

1. Entity Name
THE NEW YORK MORTGAGE COMPANY, LLC



Principal Place of Business
1301 AVE OF THE AMERICAS 7TH FLOOR
NEW YORK, NY 10019

Mailing Address
1301 AVE OF THE AMERICAS 7TH FLOOR
NEW YORK, NY 10019

BK



DO NOT WRITE IN THIS SPACE

06152005 No Chg-LLC

CR2E083 (10/03)

4. FEI Number
13-4011600

Applied For
Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

CAPITOL CORPORATE SERVICES, INC.
1333 NORTH DUVAL STREET
TALLAHASSEE, FL 32303

**DO NOT WRITE
IN THIS SPACE**

B. 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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by September 7, 2005**

600056309206

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM
NAME	SCHNALL, STEVEN
STREET ADDRESS	1301 AVE OF THE AMERICAS 7TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	MGRM
NAME	FIERRO, JOSEPH
STREET ADDRESS	1301 AVE OF THE AMERICAS 7TH FLOOR
CITY-ST-ZIP	NEW YORK, NY 10019
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

6/16/05

(212) 634-9400

Date

Daytime Phone #

M98000000764

FLORIDA FILING & SEARCH SERVICES, INC.
P.O. BOX 10662 TALLAHASSEE, FL 32302
1333 NORTH DUVAL STREET, TALLAHASSEE, FL 32303
PHONE: (800) 435-9371 FAX: (866) 860-8395

DATE: 06-17-05

BK

NAME: THE NEW YORK MORTGAGE COMPANY, LLC

TYPE OF FILING: 2005 UBR

COST: \$50 + \$5= \$55.00

RETURN: GOOD STANDING

NOT RECORDED
05 JUN 17 PM 3:08
TALLAHASSEE, FLORIDA

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbey

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05 JUN 17 AM 8:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA