2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M9800000764

THE NEW YORK MORTGAGE COMPANY, LLC



Principal Place of Business

Mailing Address

1301 AVE OF THE AMERICAS 7TH FLOOR NEW YORK, NY 10019 1301 AVE OF THE AMERICAS 7TH FLOOR NEW YORK, NY 10019 FILED.

06 JUL 25 AM 8: 29

SECRETARY OF STATE TALLAHASSEE FLORIDA



07142006No Chg-LLC

CR2E083 (11/05)

4. FEI Number		Applied For
13-4011600		Not Applicable
5. Certificate of Status Desired	\$5.00	Additional

DO NOT WRITE IN THIS SPACE

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

8. The above the obligat	named entity submits this statement for the purpose of changions of registered agent.	ing its registered office or registered agent, or both,	in the State of Florida. I am familiar with, and accept
SIGNATURE.			
<u> </u>	Signature, typed or printed name of registered agent and life if applicable.	(NOTE: Registered Agent signature required whan reinstating)	DATE
Pli Due i	ing Fee is \$50.00 oy September 6, 2006		
9.	MANAGING MEMBERS/MANAGERS	<u> </u>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHNALL, STEVEN 1301 AVE OF THE AMERICAS 7TH FLOOR NEW YORK, NY 10019		500077946336
TITLE MAME STREET ADDRESS CITY-ST-ZIP	MGRM FIERRO, JOSEPH 1301 AVE OF THE AMERICAS 7TH FLOOR NEW YORK, NY 10019		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		DO	NOT WRITE
TITLE CANAME STREET ADDRESS CITY-ST-ZIP		in T	HIS SPACE
TITLE NAME STREET ADDRESS CITY+ST-ZIP			
TITLE NAME STREET ADDRESS CITY-ST-ZIP			

11. I hereby certify that the information supplied with this fliing 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:

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

72406

212) 634 9400

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FLORIDA FILING & SEARCH SERVICES, INC.

P.O. BOX 10662 TALLAHASSEE, FL 32302 1333 N. DUVAL STREET, TALLAHASSEE, FL 32303

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

07-25-06

NAME:

THE NEW YORK MORTGAGE COMPANY, LLC

TYPE OF FILING: ANNUAL REPORT

COST:

\$50 + \$5 = \$55

RETURN: GOOD STANDING

ACCOUNT: FCA000000015

AUTHORIZATION: