

**2006 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**Feb 20, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # M98000001472**

1. Entity Name  
**DECATUR MORTGAGE SERVICING, LLC**



Principal Place of Business

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

Mailing Address

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



01132006 No Chg-LLC

CR2E063 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-0889100**

Applied For  
Not Applicable

5. Certificate of Status Desired



**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

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

**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

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

(NOTE: Registered Agent signature required when re-registering)

DATE

**Filing Fee is \$50.00  
Due by May 1, 2006**

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	SHERRY, MICHAEL
STREET ADDRESS	1700 NW 93RD TERRACE
CITY-ST-ZIP	PLANTATION, FL 33322
TITLE	MGR
NAME	BLASER, RICHARD
STREET ADDRESS	123 CEDAR HILL ROAD
CITY-ST-ZIP	BEDFORD, NY 10506
TITLE	MGR
NAME	SHERRY, WILLIAM
STREET ADDRESS	700 SOUTH OCEAN BLVD.,
CITY-ST-ZIP	BOCA RATON, FL 33432
TITLE	MGR
NAME	NUSBAUM, SPENCER
STREET ADDRESS	161 ROCK CREEK LANE
CITY-ST-ZIP	SCARSDALE, NY 10583
TITLE	MGR
NAME	RICHTER, SHIRLEY
STREET ADDRESS	10 TWIXT HILLS ROAD
CITY-ST-ZIP	ST. JAMES, NY 11780
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

000000439617  
03/02/06-80007-016 55.00

**DO NOT WRITE  
IN THIS SPACE**

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:**

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

Date

Daytime Phone #

2/16/06

(914) 793-1793