

STATE OF RHODE ISLAND AND PROVIDENCE PLANT Office of the Secretary of State

Matthew A. Brown, Secretary of State



Corporations Division 100 North Main Street Providence, RI 02903-1335 401.222,3040

## LINII LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR Filing Period: September 1 - November 1 • Filing Fee: \$50.00

2003

-	PED OR PRINTED IN BL		.00			
1. ID No. <b>120001</b>		t name of the limited liability company trociti Mcrtgage LLC				
3. State of Formation			siness which is actually conducted in Rho	ode Island		
DELAWARE MORTGAGE LENDING						
5. Principal office address			City	State	Zip	
16030 Ventura Blvd., Suite 402 6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND			Encino NAME OR TITLE OF CONTACT	CA T PERSON:	91436	
Contact Name Cheryl Wight			Contact Title Executive Assistant			
Street Address			City	State	Zip	
16030 Ventura Blvd., Suite 402			Encino	CA	91436	
7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE  FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT)  ANY MODIFICATIONS TO MANAGERS REQUIRES FILING OF AMENDMENT, R.I.G.L. 7-16-12 (a) (2) / 7-16-52  Manager Name  Manager Name						
XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			no others			
Street Address			Street Address			
XXXXXXX	XXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX	xx <b>snax</b> ex <b>402</b>				
Сйу	State	Zip	City	State	Zip	
<u> </u>	X XA	ASKK&				
Manager Name			Manager Name	CO	•••••••••••••••••••••••••••••••••••••••	
no others			no others		1	
Street Address			Street Address		<u>- 1</u>	
City	State	Zip	City	State	Zip	
Agent Name	I ENT IN RHODE ISLA "ERED AGENTS, INC.	I AND - DO NOT ALTER - Ch	anges require filing of Form  Address	642 - R.I.G.L. 7-16-11		
Address			City	Zip		
222 JEFFERSON BOULEVARD, SUITE 200			WARWICK	,	2888-	
					0 35.5	

This report must be signed in ink by an authorized person pursuant to R.I.G.L. 7-16-66.

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File Date _	RECEIVED				
Check No. JAN 0 8 2004					
	BY KAD 1,005510				
By:					
FC	R SECRETARY OF STATE USE ONLY				

Under penalty of perjury, I declare and affir	m that I have examined this report,
including any accompanying schedules and	
contained herein are true and correct.	

10/13/03

Signature of Authorized Person
President, Metrociti Service:
Corp., Managing Member (a
Wholly owned subsidiary of
Metrociti Mortgage Corp.)

Print or Type Name of Authorized Person

Form 632 Rev. 7/03