



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

STAMP

FOR
THE
STATE
OF
RHODE ISLAND

Annual Report for the year: 2017

Limited Liability Company

- Filing period: September 1 - November 1
→ Filing Fee: \$50.00
→ Penalty: Additional \$25.00 fee if form is not filed by December 1.

1. Entity ID Number 001022145		2. Exact name of the Limited Liability Company ML-CFC 2006-3 WALNUT HILLS, LLC	
3. NAICS Code 53 - Real Estate and Rental ar		4. Brief description of the character of business conducted in Rhode Island TO HOLD, REALIZE, RECEIVE OR DISPOSE OF MORTGAGED PROPERTY.	
5. State of Formation DE		531390	
6. Principal Office Address 5221 N. O'CONNOR BLVD., STE. 600		City IRVING	State TX Zip 75039
7. Mailing Address of Limited Liability Company and Name or Title of Contact Person			
Contact Name ROBIN KYLE		Contact Title ASSISTANT SECRETARY TO MANAGER	
Street Address 5221 N. O'CONNOR BLVD., STE. 600		City IRVING	State TX Zip 75039
8. List ALL managers (names and addresses) of the Limited Liability Company. IF APPLICABLE - DO NOT LIST MEMBERS			
Manager Name C-HI ASSET MANAGEMENT LLC		Manager Name	
Street Address 5221 N. O'CONNOR BLVD., STE. 600		Street Address	
City IRVING	State TX	Zip 75039	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Manager Name		Manager Name	
Street Address		Street Address	
City	State	Zip	
Check the box to indicate an attachment <input type="checkbox"/>			
9. Resident Agent in Rhode Island. This information is currently of record with the Department of State. Changes require filing Form 642.			
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.			
Name of Authorized Person ROBIN KYLE		Date 10/21/2017	
Signature of Authorized Person <i>Robin Kyle</i>		SIGN DOCUMENT HERE	

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

OCT 30 2017

BY

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FORM 632 - Revised: 08/2016