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Annual Report for the year: 2020 Limited Liability Company	۷۲	146	. : ·
→ 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 (10・221 45)	2 Exact name of the Limited Liability Company ML-CFC 2006-C3 WALNUT HILLS, LLC							
3. NAICS Code  5 3 11 0 g  5 State of Formation DE	4. Brief description of the character of business conducted in Rhode Island hold, realize, receive or dispose of mortgaged property							
6. Principal Office Address	<u> </u>		City	State	Zıp			
5221 N. O'Connor Blvd., Suite 800			Irving	TX	75039			
7. Mailing Address of Limited Lia	bility Company	and Name or Tit	le of Contact Person		•			
Contact Name Robin Kyle		Contact Title Assistant Secretary for Manager						
Street Address 5221 N. O'Connor Blvd., Suite 800		City Irving	State TX	Zip 75039				
8. List ALL managers (names ar	nd addresses)	of the Limited Lial	bility Company, IF APPLI	CABLE - DO NOT LIST M	EMBERS			
Manager Name Greystone Servicing Company LLC		Manager Name						
Street Address 5221 N. O'Connor Blvd., Suite 800		Street Address						
City Irving	State TX	Zip 75039	City	State	Zip			
Manager Name			Manager Name					
Street Address		Street Address						
City	State	Zip	City	State	Zip			
Check the box to indicate an attachment								
9. The Resident Agent information currently of record with the RI Department of State is accurate. 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								
#								
Signature of Authorized Person								

MAIL TO:

Division of Business Services

148 W. River Street, Providence, Rhode Island 02904-2615

Phone: (401) 222-3040 Website: www.sos.ri.gov