

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L06000040061

FILED  
Mar 23, 2009  
Secretary of State

Entity Name: COUNTRY WIDE MORTGAGE FUNDING, LLC

**Current Principal Place of Business:**

1021 NW 12 TER  
POMPANO BEACH, FL 33069 US

**New Principal Place of Business:**

**Current Mailing Address:**

1021 NW 12 TER  
POMPANO BEACH, FL 33069 US

**New Mailing Address:**

FEI Number: 20-4726255      FEI Number Applied For ( )      FEI Number Not Applicable ( )      Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

DAIAGI, SCOTT  
1021 NW 12 TER  
POMPANO BEACH, FL 33069 US

**Name and Address of New Registered Agent:**

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: DAIAGI, SCOTT  
Address: 1021 NW 12 TER  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGRM ( ) Delete  
Name: GROSSER, ZAK  
Address: 1021 NW 12 TER  
City-St-Zip: POMPANO BEACH, FL 33069 US

Title: MGRM ( ) Delete  
Name: NATHANSON, ERIC  
Address: 10139 NW 31ST STREET, #102  
City-St-Zip: CORAL SPRINGS, FL 33065 US

Title: MGRM ( ) Delete  
Name: TUXBURY, LORI  
Address: 1021 NW 12 TER  
City-St-Zip: POMPANO BEACH, FL 33069 US

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: SCOTT DAIAGI

MGR

03/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date