


# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Feb 11, 2005 8:00 am**  
**Secretary of State**

02-11-2005 90138 012 \*\*\*\*50.00

<b>DOCUMENT # M04000001191</b>	
1. Entity Name <b>UNITED RESIDENTIAL LENDING, LLC</b>	

Principal Place of Business <b>7819 E. GREENWAY RD, STE 4 SCOTTSDALE AZ 85260</b>	Mailing Address <b>7819 E. GREENWAY RD, STE 4 SCOTTSDALE AZ 85260</b>
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**20010089**



1st MOORE CR2E083 (10/04)

2. Principal Place of Business <b>15300 N. 90th Street</b>	3. Mailing Address <b>15300 N. 90th Street</b>
Suite, Apt. #, etc. <b>Suite 500</b>	Suite, Apt. #, etc. <b>Suite 500</b>
City & State <b>Scottsdale, AZ</b>	City & State <b>Scottsdale, AZ</b>
Zip <b>85260</b>	Country <b>Maricopa</b>

4. FEI Number <b>52-2440911</b>	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>NRAI SERVICES, INC. 526 E. PARK AVE TALLAHASSEE FL 32301</b>	
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7. Name and Address of New Registered Agent	
Name	
Street Address (P.O. Box Number is Not Acceptable)	
City	
<b>FL</b>	Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2005**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIS, GARY D 7819 E. GREENWAY RD, STE 4 SCOTTSDALE AZ 85260 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM VANDEVENTER, DIRK 7819 E. GREENWAY RD, STE 4 SCOTTSDALE AZ 85260 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILSON, DOUGLAS M 7819 E. GREENWAY RD, STE 4 SCOTTSDALE AZ 85260 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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, MANAGER, OR AUTHORIZED REPRESENTATIVE

**Feb 3, 2005**  
**Douglas M. Wilson CFO 480-614-6700**

Date

Daytime Phone #