

2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000002700

Entity Name: AURORA MORTGAGE LLC

FILED
Jun 20, 2006
Secretary of State

Current Principal Place of Business:

1801 CRYSTAL DRIVE, SUITE 702
ARLINGTON, VA 22202

New Principal Place of Business:

8150 LEESBURG PIKE
SUITE 1070
VIENNA, VA 22182

Current Mailing Address:

1801 CRYSTAL DRIVE, SUITE 702
ARLINGTON, VA 22202

New Mailing Address:

8150 LEESBURG PIKE
SUITE 1070
VIENNA, VA 22182

FEI Number: 20-0137049 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()
In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE, SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

AURORA MORTGAGE
8150 LEESBURG PIKE
SUITE 1070
VIENNA, FL 22182 US

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: S. PIRNCE AURORA

06/20/2006

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: AURORA, S. PRINCE
Address: 1801 CRYSTAL DRIVE, SUITE 702
City-St-Zip: ARLINGTON, VA 22202

ADDITIONS/CHANGES:

Title: CEO (X) Change () Addition
Name: AURORA, S. PRINCE
Address: 8150 LEESBURG PIKE, SUITE 1070
City-St-Zip: VIENNA, VA 22182

I hereby certify that the information supplied with this filing does not qualify for the 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: S. PRINCE AURORA

CEO

06/20/2006

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