2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED

Jan 11, 2006 8:00 am **Secretary of State DOCUMENT # M05000002944** 01-11-2006 90012 045 ****50.00 1. Entity Name AVELO MORTGAGE, L.L.C. Principal Place of Business Mailing Address 000044~~ 600 E. LAS COLINAS BLVD., SUITE 620 600 E. LAS COLINAS BLVD., SUITE 620 IRVING, TX 75039 IRVING, TX 75039 3. Mailing Address 2. Principal Place of Business Same Same Suite, Apt. #, etc. Suite, Apt. #, etc. 01042006 Chg-LLC CR2E083 (11/05) City & State City & State 4. FEI Number Applied For 20-2657082 X Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Same C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 Zip Code City 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. No Registered Agent Changes Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered A Filing Fee is \$50.00 Due by May 1, 2006 Make check payable to Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 9. 10. MGR TITLE □ Delete TITLE Change Addition BARGER, RON K NAME NAME STREET ADDRESS 600 E LAS COLINAS BLVD., STE 400 STREET ADDRESS **IRVING, TX 75039** CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change ☐ Addition TITLE NAME GLASGOW, WILLIAM STREET ADDRESS 600 E LAS COLINAS BLVD., STE 400 STREET ADDRESS **IRVING, TX 75039** CITY-ST-ZIP CITY-ST-ZIP MGR ☐ Delete TITLE ☐ Change ☐ Addition TITLE **BELL, JANET** NAME **85 BROAD STREET** STREET ADDRESS STREET ADDRESS CITY-ST-7IP NEW YORK, NY 10004 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition MOFFETT, J. WESTON NAME NAME STREET ADDRESS STREET ADDRESS 600 E LAS COLINAS BLVD., STE 400 CITY-ST-ZIP CITY-ST-ZIP **IRVING, TX 75039** MGR X Delete TITLE ☐ Change ☐ Addition LOZIER, JAMES L JR NAME NAME STREET ADDRESS 600 E LAS COLINAS BLVD., STE 400 STREET ADDRESS CITY-ST-ZIP **IRVING, TX 75039** CITY-ST-ZIP TITLE MGR □ Defete TITLE ☐ Change Addition SOBEL, JONATHAN S NAME NAME STREET ADDRESS **85 BROAD STREET** STREET ADDRESS NEW YORK, NY 10004 CITY-ST-7iP CITY-ST-7IP 11. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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. By: J. WESTON NOFFETT, Manager

EMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/4/06

(972) 910-7000

Daytime Phone #

FILED