

# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000002606

Entity Name: GMAC MORTGAGE, LLC

FILED  
Jan 03, 2008  
Secretary of State

**Current Principal Place of Business:**

100 WITMER ROAD  
HORSHAM, PA 19044

**New Principal Place of Business:**

1100 VIRGINIA DRIVE  
FT. WASHINGTON, PA 19034

**Current Mailing Address:**

100 WITMER ROAD  
HORSHAM, PA 19044

**New Mailing Address:**

ONE MERIDIAN CROSSINGS, SUITE 100  
MINNEAPOLIS, MN 55423

FEI Number: 20-1694840

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

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

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 323012525 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: MGR ( ) Delete  
Name: BIER, BARRY J  
Address: 100 WITMER ROAD  
City-St-Zip: HORSHAM, PA 19044

Title: MGR ( ) Delete  
Name: JONES, JAMES G  
Address: 8400 NORMANDALE LAKE BLVD, SUITE 250  
City-St-Zip: MINNEAPOLIS, MN 55437

Title: MGR ( ) Delete  
Name: BRICKER, DAVID M  
Address: 4 WALNUT GROVE  
City-St-Zip: HORSHAM, PA 19044

Title: MGR (X) Delete  
Name: HALL, RALPH J  
Address: 100 WITMER ROAD  
City-St-Zip: HORSHAM, PA 19044

Title: MGR (X) Delete  
Name: HILLSMAN, JAMES R  
Address: 4 WALNUT GROVE DRIVE  
City-St-Zip: HORSHAM, PA 19044

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: KHATTRI, SANJIV  
Address: 200 RENAISSANCE CTR  
City-St-Zip: DETROIT, MI 48265

Title: MGR (X) Change ( ) Addition  
Name: JONES, JAMES G  
Address: ONE MERIDIAN CROSSINGS, SUITE 100  
City-St-Zip: MINNEAPOLIS, MN 55423

Title: MGR (X) Change ( ) Addition  
Name: YOUNG, JAMES N  
Address: ONE MERIDIAN CROSSINGS, SUITE 100  
City-St-Zip: MINNEAPOLIS, MN 55423

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: ERIKA JOHNSON

MGR

01/03/2008

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