

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002416

FILED
Mar 16, 2009
Secretary of State

Entity Name: CARRINGTON MORTGAGE SERVICES, LLC

Current Principal Place of Business:

599 WEST PUTMAN AVE
GREENWICH, CT 06830

New Principal Place of Business:

1610 E. SAINT ANDREW PLACE
SUITE B-150
SANTA ANA, CA 92705

Current Mailing Address:

1610 EAST ST. ANDREW PLACE, SUITE B-150
SANTA ANA, CA 92705

New Mailing Address:

1610 E. SAINT ANDREW PLACE
SUITE B-150
SANTA ANA, CA 92705

FEI Number: 20-8745846

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: CARRINGTON CAPITAL M, ANAGEMENT LLC
Address: 599 WEST PUTMAN AVE
City-St-Zip: GREENWICH, CT 06830

Title: PRES () Delete
Name: GORDON, DAVID S PRES
Address: 1610 EAST ST. ANDREW PLACE, SUITE B-150
City-St-Zip: SANTA ANA, CA 92705

ADDITIONS/CHANGES:

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

Title: PRES (X) Change () Addition
Name: GORDON, DAVID S PRES
Address: 1610 E. SAINT ANDREW PLACE, SUITE B-150
City-St-Zip: SANTA ANA, CA 92705

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: DAVID S. GORDON

PRES

03/16/2009

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