2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000002416

Entity Name: CARRINGTON MORTGAGE SERVICES, LLC

FILED Mar 16, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

599 WEST PUTMAN AVE 1610 E. SAINT ANDREW PLACE GREENWICH, CT 06830

SUITE B-150

SANTA ANA, CA 92705

Current Mailing Address: New Mailing Address:

1610 EAST ST. ANDREW PLACE, SUITE B-150 1610 E. SAINT ANDREW PLACE

SANTA ANA, CA 92705 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: Name and Address of New Registered Agent:

CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324

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:

Title:

Name:

Address:

City-St-Zip:

ADDITIONS/CHANGES:

Electronic Signature of Registered Agent

Date

() Change () Addition

MANAGING MEMBERS/MANAGERS:

MGRM () Delete

CARRINGTON CAPITAL M, ANAGEMENT LLC Name:

Address: 599 WEST PUTMAN AVE

City-St-Zip: GREENWICH, CT 06830

Title: () Delete Title: PRES (X) Change () Addition

Name: GORDON, DAVID S PRES Name: GORDON, DAVID S PRES

Address: 1610 EAST ST. ANDREW PLACE, SUITE B-150 Address: 1610 E. SAINT ANDREW PLACE, SUITE B-150

City-St-Zip: SANTA ANA, CA 92705 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