2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F08000005261

Entity Name: LMREC CDO I REO I, INC.

BUCHHAGEN, BRIAN C

10880 WILSHIRE BLVD

LOS ANGELES, CA 90024

Name:

Address: City-St-Zip: FILED Apr 17, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 10880 WILSHIRE BLVD 10880 WILSHIRE BLVD LOS ANGELES, CA 90024 LOS ANGELES, CA 90024 US **Current Mailing Address: New Mailing Address:** 10880 WILSHIRE BLVD 10880 WILSHIRE BLVD LOS ANGELES, CA 90024 LOS ANGELES, CA 90024 US FEI Number: 20-2660208 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: C T 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: Electronic Signature of Registered Agent Date Election Campaign Financing Trust Fund Contribution (). **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition SONNENBERG, GLENN A Name: Name: **GLENN** 10880 WILSHIRE BLVD 10880 WILSHIRE BLVD Address: Address: City-St-Zip: LOS ANGELES, CA 90024 City-St-Zip: LOS ANGELES, CA 90024 US () Delete Title: DVST Title: (X) Change () Addition Name: SELLERS, WALLACE O JR Name: WALLACE 10880 WILSHIRE BLVD Address: 10880 WILSHIRE BLVD Address: LOS ANGELES, CA 90024 US City-St-Zip: LOS ANGELES, CA 90024 City-St-Zip: (X) Delete Title: Title: () Change () Addition

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 or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

Name:

Address:

City-St-Zip:

SIGNATURE: WALLACE O SELLERS, JR. D 04/17/2009