2007 LIMITED LIABILITY COMPANY **ANNUAL REPORT (AR)**

Apr 17, 2007 8:00 am Secretary of State DOCUMENT # L03000053623 1. Entity Name 04-17-2007 90254 034 ****55.00 EAGLE MORTGAGE FINANCIAL LLC. Principal Place of Business Mailing Address 11201 N.W. 33 STREET 11201 N.W. 33 STREET CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business - No P.O. Box i 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/06) City & State City & State 4. FE! Number Applied For 83-0421683 Not Applicable 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 Name FRANCES, PHILPART Street Address (P.O. Box Number is Not Acceptable) 11201 N.W. 33 STREET CORAL SPRINGS FL 33065 City Zip Code 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. SIGNATURE Signature, typed or printed name or registered agent and life if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2007 9, MANAGING MEMBERS/MANAGERS 10 ADDITIONS/CHANGES TITLE MGR ☐ Delete DILE Change Addition NAME PHILPART, FRANCES NAMI STREET ADORESS 11201 N.W. 33 STREET STREET ADDRESS CITY-ST-ZIP CORAL SPRING FL 33065 CHY ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS City - ST-ZIP CHY-SI-7IP TITLE □ Delete HILL Change Addition NAME NAME STREET ADDRESS STRIELADDRESS CITY ST-ZIP CITY ST-ZIP TITLE ☐ Delete пп Change ■ Addition NAM NAME STREET ADDRESS STREET AODRESS CITY ST-ZIP CITY ST ZIP TITLE Delete Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7IP TITLE ☐ Defete HILE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 eath; 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.

GING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

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