2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 02, 2005
Secretary of State

DOCUMENT# L04000050523

Entity Name: ORIGINAL MORTGAGE SOLUTIONS LLC

Current Principal Place of Business:

214 OLIVEWOOD CT.
KISSIMMEE, FL 34743

New Principal Place of Business:

5449 S. SEMORAN BLVD.
229
ORLANDO, FL 32822

Current Mailing Address:

214 OLIVEWOOD CT.
KISSIMMEE, FL 34743

New Mailing Address:

5449 S. SEMORAN BLVD.
229
ORLANDO, FL 32822

FEI Number: 20-1338133 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

LONDONO, MARTHA C
214 OLIVEWOOD CT.
KISSIMMEE, FL 34743 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/MEMBERS:

Title: MGRM ( ) Delete
Name: LONDONO, MARTHA C
Address: 214 OLIVEWOOD CT.
City-St-Zip: KISSIMMEE, FL 34743

Title: MGRM ( ) Delete
Name: LONDONO, GUSTAVO A
Address: 214 OLIVEWOOD CT.
City-St-Zip: KISSIMMEE, FL 34743

ADDITIONS/CHANGES:

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 for the exemption stated in Section 119.07(3)(i), 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: MARTHA C . LONDONO MGRM 02/02/2005

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