

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000087791

FILED  
Mar 21, 2009  
Secretary of State

Entity Name: OCWEN BUSINESS SOLUTIONS LLC

**Current Principal Place of Business:**

1661 WORTHINGTON ROAD  
SUITE 100  
WEST PALM BEACH, FL 33409 US

**New Principal Place of Business:**

1661 WORTHINGTON ROAD, STE 100  
WEST PALM BEACH, FL 33409 US

**Current Mailing Address:**

1661 WORTHINGTON ROAD  
SUITE 100; ATT: TERRI DENONCOURT  
WEST PALM BEACH, FL 33409 US

**New Mailing Address:**

1661 WORTHINGTON ROAD, STE 100  
WEST PALM BEACH, FL 33409 US

FEI Number: 20-1979445

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301 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: OCWEN FINANCIAL CORP, ORATION  
Address: 1661 WORTHINGTON ROAD, SUITE 100  
City-St-Zip: WEST PALM BEACH, FL 33409 US

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: OCWEN FINANCIAL CORP, ORATION  
Address: 1661 WORTHINGTON ROAD, STE 100  
City-St-Zip: WEST PALM BEACH, FL 33409 US

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: ANNE MEYER

POA

03/21/2009

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