2007 LIMITED LIABILITY COMPANY

Apr 03, 2007 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT # L05000042038 04-03-2007 90121 050 ****50.00 1. Entity Name ORIOLE MORTGAGE SERVICES, LLC Principal Place of Business Mailing Address 831 CORAL RIDGE DRIVE 831 CORAL RIDGE DRIVE CORAL SPRINGS, FL 33071 CORAL SPRINGS, FL 33071 US 01222007 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 20-2756605 Not Applicable \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent LEOPOLD, KORN & LEOPOLD, P.A. DO NOT WRITE 20801 BISCAYNE BLVD. **SUITE 501** IN THIS SPACE AVENTURA, FL 33180 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 9. MANAGING MEMBERS/MANAGERS MGR CENTERPOINTE FINANCIAL, INC. NAME 831 CORAL RIDGE DRIVE STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS, FL 33071 TITLE NAME STREET ADDRESS CITY-ST-7iP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE

11. I hereby certify that the information supplied with this tiling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and occurred and that my 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 received a trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE:

NAME STREET ADDRESS CITY-ST-ZIP

Daytime Phone #