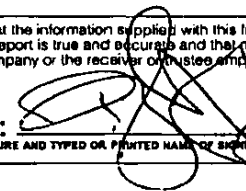


FILED
Jun 07, 2007 8:00 am
Secretary of State

05-22-2007 90179 036 ****50.00

**2007 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

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DOCUMENT # L06000116434					
1. Entity Name ALLIED MORTGAGE FUND MANAGEMENT, L.L.C.					
Principal Place of Business 13680 N.W. 5TH STREET, SUITE 100 SUNRISE, FL 33325			Mailing Address 13680 N.W. 5TH STREET, SUITE 100 SUNRISE, FL 33325		
2. Principal Place of Business - No P.O. Box #			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number 84-1721843	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent KOSS, JEREMY A ESQ. 13680 N.W. 5TH STREET, SUITE 100 SUNRISE, FL 33325				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL 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 _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-registering)					
Filing Fee is \$50.00 Due by September 14, 2007			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	CHAO, ANTHONY		NAME		
STREET ADDRESS	13680 N.W. 5TH STREET, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33325		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	KOSS, JEREMY		NAME		
STREET ADDRESS	13680 N.W. 5TH STREET, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33325		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JACOBS, DANIEL		NAME		
STREET ADDRESS	13680 N.W. 5TH STREET, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33325		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	JACOBS, DOUGLAS		NAME		
STREET ADDRESS	13680 N.W. 5TH STREET, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33325		CITY-ST-ZIP		
TITLE	MGR	☐ Delete	TITLE		☐ Change ☐ Addition
NAME	WAYNE, BARRY		NAME		
STREET ADDRESS	13680 N.W. 5TH STREET, SUITE 100		STREET ADDRESS		
CITY-ST-ZIP	SUNRISE, FL 33325		CITY-ST-ZIP		
TITLE		☐ Delete	TITLE		☐ Change ☐ Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I hereby certify that the information supplied with this filing 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 accurate 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 			Date: 5-16-07		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date: 9/27/34-2020		