2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2009
Secretary of State

DOCUMENT# L06000116435

Entity Name: ALLIED MORTGAGE OPPORTUNITY FUND MANAGEMENT, L.L.C.

Current Principal Place of Business:

13680 N.W. 5TH STREET, SUITE 100
SUNRISE, FL 33325

New Principal Place of Business:

Current Mailing Address:

13680 N.W. 5TH STREET, SUITE 100
SUNRISE, FL 33325

New Mailing Address:

FEI Number: 84-1721845 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

KOSS, JEREMY A ESQ.
13680 N.W. 5TH STREET, SUITE 100
SUNRISE, FL 33325 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:	MGR	( ) Delete
Name:	CHAO, ANTHONY	
Address:	13680 N.W. 5TH STREET, SUITE 100	
City-St-Zip:	SUNRISE, FL 33325	
Title:	MGR	( ) Delete
Name:	KOSS, JEREMY	
Address:	13680 N.W. 5TH STREET, SUITE 100	
City-St-Zip:	SUNRISE, FL 33325	
Title:	MGR	( ) Delete
Name:	SCHOLL, DENNIS	
Address:	13680 N.W. 5TH STREET, SUITE 100	
City-St-Zip:	SUNRISE, FL 33325	
Title:	MGR	( ) Delete
Name:	JACOBS, DOUGLAS	
Address:	13680 N.W. 5TH STREET, SUITE 100	
City-St-Zip:	SUNRISE, FL 33325	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
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 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: ANTHONY CHAO MGR 01/16/2009

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