

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L08000080248

FILED
Apr 20, 2009
Secretary of State

Entity Name: FEDERAL MORTGAGE MODIFICATION ADMINISTRATION, LLC

Current Principal Place of Business:

1777 REISTERSTOWN ROAD
253
BALTIMORE, MD 21208

New Principal Place of Business:

11447 CRONHILL DRIVE
E
OWINGS MILLS, MD 21117

Current Mailing Address:

1777 REISTERSTOWN ROAD
253
BALTIMORE, MD 21208

New Mailing Address:

11447 CRONHILL DRIVE
E
OWINGS MILLS, MD 21117

FEI Number: 90-0452641

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FEIT, JASON
4620 NW 28TH WAY
BOCA RATON, FL 33434 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: FLECHNER, JACK
Address: 1777 REISTERSTOWN ROAD, SUITE 253
City-St-Zip: BALTIMORE, MD 21208

Title: MGR () Delete
Name: FEIT, GREGORY
Address: 1777 REISTERSTOWN ROAD, SUITE 253
City-St-Zip: BALTIMORE, MD 21208

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: FLECHNER, JACK
Address: 11447 CRONHILL DRIVE, STE E
City-St-Zip: OWINGS MILLS, MD 21117

Title: MGR (X) Change () Addition
Name: FEIT, GREGORY
Address: 11447 CRONHILL DRIVE, STE E
City-St-Zip: OWINGS MILLS, MD 21117

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: JACK FLECHNER

MGRM

04/20/2009

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