
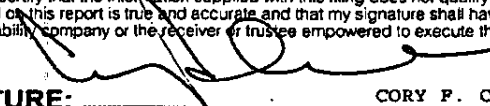


FILED
Jun 01, 2004 8:00 am
Secretary of State

04-29-2004 90069 032 ****50.00

LIMITED LIABILITY COMPANY*
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000001122					
1. Entity Name rateOne Home Loans, LLC					
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business 10990 WILSHIRE BLVD.			3. Mailing Address 10990 WILSHIRE BLVD.		
Suite, Apt. #, etc. #950			Suite, Apt. #, etc. 7TH FLR., TAX DEPT.		
City & State LOS ANGELES, CA			City & State LOS ANGELES, CA		
Zip 90024		Country USA	Zip 90024		Country USA
4. FEI Number 52-2164812				Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
DO NOT WRITE IN THIS SPACE				7. Name and Address of Current Registered Agent	
				Name CORPORATION SERVICE COMPANY	
				Street Address (P.O. Box Number is Not Acceptable) 1201 HAYS STREET	
				City TALLAHASSEE FL Zip Code 32301-2525	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
			FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1		
9. MANAGING MEMBERS/MANAGERS					
TITLE NAME STREET ADDRESS CITY- ST- ZIP					TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER RICHARD POWERS 10990 WILSHIRE BLVD., #950 LOS ANGELES, CA 90024				TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER BRIAN LYNN 10990 WILSHIRE BLVD., #950 LOS ANGELES, CA 90024				TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER RICHARD D. SILVER 10990 WILSHIRE BLVD., #950 LOS ANGELES, CA 90024				TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER KIMBERLY N. KING 10990 WILSHIRE BLVD., 7TH FLR. LOS ANGELES, CA 90024				TITLE NAME STREET ADDRESS CITY- ST- ZIP
TITLE NAME STREET ADDRESS CITY- ST- ZIP	MANAGER CORY F. COHEN 10990 WILSHIRE BLVD., 7TH FLR. LOS ANGELES, CA 90024				TITLE NAME STREET ADDRESS CITY- ST- ZIP
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: 			CORY F. COHEN		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date		
			04/16/04 (310) 231-4000		
			Daytime Phone #		

CR2E0838 (12/02)