2005 LIMITED LIABILITY COMPANY

Mar 29, 2005 8:00 am ANNUAL REPORT **Secretary of State DOCUMENT # M01000001555** 03-29-2005 90118 045 ****50.00 CITIFINANCIAL MORTGAGE COMPANY, LLC Principal Place of Business Mailing Address 20025067 300 ST. PAUL PLACE 300 ST. PAUL PLACE BALTIMORE, MD 21202 BALTIMORE, MD 21202 2. Principal Place of Business 3. Mailing Address juite, Apt. #, etc. 5/17D Suite, Apt. #, etc. 03142005 Chg-LLC CR2E083 (10/03) City & State 4. FEI Number City & State Applied For 52-2320911 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name C T CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City 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 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, 2005 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES 9. 10. Delete TITLE TITLE RESIDENT Change Addition NEI SAMULT ARPENTER FREE NAME VILLANI, ANTHONY W NAME 2550 CARPENTER FREEWAY STREET ADDRESS STREET ADDRESS **IRVING, TX 75062** CITY-ST-ZIP CITY+ST-7IP ☐ Change TITLE □ Defete TETLE ☐ Addition NAME TIMKEN, KATHY NAME STREET ADDRESS 2550 CARPENTER FREEWAY STREET ADDRESS CITY - ST - ZIP **IRVING, TX 75062** CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME DAVIS, LINDA S NAME STREET ADDRESS 300 ST PAUL PLACE STREET ADDRESS CITY-ST-ZIP CITY-ST: ZIP BALTIMORE, MD 21202 ASSI SECRETARY TERESAM. BAGE TIT! F ☐ Delete TITLE _★ Change ☐ Addition BAER, TERESA M NAME 300 ST PAUL PLACE STREET ADDRESS STREET ADDRESS BALTIMORE, MD 21202 CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 filling does not qualify for the exemption stated in Section 119.07(3)(f), 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:

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

FILED