

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 14, 2004 8:00 am
Secretary of State

04-14-2004 90286 017 ****50.00

DOCUMENT # M01000001699

1. Entity Name
ORIGEN FINANCIAL L.L.C.



Principal Place of Business
**4121 COX ROAD, STE. 120
GLEN ALLEN, VA 23060**

Mailing Address
**27777 FRANKLIN ROAD
#1700
SOUTHFIELD, MI 48034**

24042843



2. Principal Place of Business
27777 Franklin Road, Suite 1700

3. Mailing Address

Suite, Apt. #, etc.
Suite 1700

Suite, Apt. #, etc.

03252004 Chg-LLC CR2E083 (10/03)

City & State
Southfield, Michigan

City & State

4. FEI Number
38-3609238

Applied For
Not Applicable

Zip **48034** Country **USA**

Zip Country

5. Certificate of Status Desired ☐ **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
NAME **KLEIN, RONALD A**
STREET ADDRESS **27777 FRANKLIN ROAD, SUITE 1700**
CITY-ST-ZIP **SOUTHFIELD, MI 48034**

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **MGR** ☒ Delete
NAME **SHIFFMAN, GARY A**
STREET ADDRESS **31700 MIDDLEBELT RD STE 145**
CITY-ST-ZIP **FARMINGTON, MI 48334**

TITLE **President/Asst. Secretary** ☐ Change ☒ Addition
NAME **J. Peter Scherer**
STREET ADDRESS **27777 Franklin Road, Suite 1700**
CITY-ST-ZIP **Southfield, MI 48034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVP/ CFO/Treasurer/Secretary** ☐ Change ☒ Addition
NAME **W. Anderson Geater**
STREET ADDRESS **27777 Franklin Road, Suite 1700**
CITY-ST-ZIP **Southfield, MI 48034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE **EVP, Portfolio Management** ☐ Change ☒ Addition
NAME
STREET ADDRESS **27777 Franklin Road, Suite 1700**
CITY-ST-ZIP **Southfield, MI 48034**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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:

R/K
Ronald A. Klein

4/12/04

248-746-7000

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

Date

Daytime Phone #