

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 24, 2006 8:00 am**  
**Secretary of State**

04-24-2006 90069 034 \*\*\*\*50.00

**DOCUMENT # M01000001699**

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



Principal Place of Business  
**27777 FRANKLIN RD  
SOUTHFIELD, MI 48034**

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

**40059440**



2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

04112006 Chg-LLC CR2E083 (11/05)

4. FEI Number  
**38-3609238**

Applied For  
Not Applicable

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, 2006**

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

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

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**ASP  
SCHERER, PETER J  
27777 FRANKLIN RD., SUITE 1700  
SOUTHFIELD, MI 48034** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**CFOT  
GEATER, ANDERSON W  
27777 FRANKLIN RD., SUITE 1700  
SOUTHFIELD, MI 48034** ☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**EVP  
PORTFOLIO MANAGEMENT  
27777 FRANKLIN RD., SUITE 1700  
SOUTHFIELD, MI 48034** ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**Mark W. Landschulz** ☒ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ Delete

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

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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:**

*Ronald A. Klein*

, Ronald A. Klein, Manager

4/14/06

248-746-7000

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

Date

Daytime Phone #

# ATTACHMENT

40059440  
#M01000001699

**ORIGEN**  
WE START WITH YOU.

ORIGEN FINANCIAL L.L.C.  
27777 Franklin Road, Suite 1700  
Southfield, MI 48034-8202  
(877) 644-8838  
(248) 746-7091 Fax

JoAnn Broadnax  
Legal Assistant  
Direct dial: (248) 746-7032  
jbroadnax@ofllc.com

April 20, 2006

By DHL

Department of State  
2670 Executive Center Circle  
Tallahassee, FL 32301

**Re: 2006 Limited Liability Company Annual Report**

Dear Sir/Madam:

Enclosed for filing with your Department is the 2006 LLC Annual Report of Origen Financial L.L.C. Also enclosed is the check for the \$50.00 renewal fee.

If you have any questions or need any additional information, please do not hesitate to contact me.

Sincerely,

  
JoAnn Broadnax

Enclosures