

**2007 LIMITED LIABILITY COMPANY  
ANNUAL REPORT**

**FILED**  
**May 01, 2007 08:00 AM**  
**Secretary of State**

**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**



04232007 No Chg-LLC

CR2E083 (11/05)

**DO NOT WRITE IN THIS SPACE**

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**

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

**DO NOT WRITE  
IN THIS SPACE**

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, 2007**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KLEIN, RONALD A 27777 FRANKLIN ROAD, SUITE 1700 SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASP SCHERER, PETER J 27777 FRANKLIN RD., SUITE 1700 SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFOT GEATER, ANDERSON W 27777 FRANKLIN RD., SUITE 1700 SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	EVP LANDSCHULZ, MARK W 27777 FRANKLIN RD., SUITE 1700 SOUTHFIELD, MI 48034
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

U00000751726  
05/18/07-80113-024 50.00

**DO NOT WRITE  
IN THIS SPACE**

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**

**4/23/07**

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

Date

Daytime Phone #