2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

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

FILED May 01, 2008 8:00 am Secretary of State

05-01-2008 90018 005 ***138.75

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04242008 No Chg-LLC

CR2E083 (12/07)

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

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|         | • • •                                                                                             |                                                                     |                                                  |  |
|---------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|--------------------------------------------------|--|
|         | rove named entity submits this statement for the purpose of cha<br>ligations of registered agent. | anging its registered office or registered agent, or both, in the S | State of Florida. I am familiar with, and accept |  |
| SIGNATU | RE                                                                                                |                                                                     |                                                  |  |
|         | Signature, typed or printed name of registered agent and title if applicable.                     | (NOTE: Registered Agent signature required when reinstating)        | DATE                                             |  |
|         | ILE NOW!!! FEE IS \$138.75<br>May 1, 2008 Fee will be \$538.75                                    |                                                                     |                                                  |  |
| 9.      | MANAGING MEMBERS/MANAGERS                                                                         |                                                                     |                                                  |  |
| TITLE   | MGR                                                                                               |                                                                     | •                                                |  |

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

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11. I hereby certify that the information supplied with this filling 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.

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|    |    |                 |   |  |

64C-

Ronald A. Klein

4/29/08

248-746-7000

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

Date

Daytime Phone #