


2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 02, 2008 8:00 am
Secretary of State

04-02-2008 90149 043 ***138.75

DOCUMENT # M01000001863					
1. Entity Name ARGENT MORTGAGE COMPANY, L.L.C.					
Principal Place of Business 2603 MAIN STREET SUITE 1000 ORANGE, CA 92868			Mailing Address 1100 TOWN & COUNTRY ROAD 12TH FLOOR ORANGE, CA 92868		
2. Principal Place of Business - No P.O. Box # 1100 Town & Country Rd Suite, Apt. #, etc. Ste 1200		3. Mailing Address Suite, Apt. #, etc.			
City & State Orange CA		City & State		4. FEI Number 33-0981316	
Zip 92868		Country USA		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331			7. Name and Address of New Registered Agent 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____					
FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BASS, ADAM J 1100 TOWN & COUNTRY ROAD, STE. 1100 ORANGE, CA 92868	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Bass, Adam J 1100 Town & Country Rd Ste 1200 Orange CA 92868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR LEE, WAYNE 1100 TOWN & COUNTRY ROAD, STE. 1100 ORANGE, CA 92868	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Marzouk, Sam 1100 Town & Country Rd Ste 1200 Orange CA 92868	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MITAL, ASEEM 1100 TOWN & COUNTRY ROAD, STE. 1100 ORANGE, CA 92868	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS TIBEREND, DIANE E 1101 TOWN & COUNTRY ROAD, STE. 1100 ORANGE, CA 92868	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Sec Tiberend, Diane E 1100 Town & Country Rd Ste 1200 Orange CA 92868	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ Sam Marzouk, Manager 3/12/08 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #</small>					

60018882



03112008 Chg-LLC CR2E083 (12/06)