

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2005 8:00 am**  
**Secretary of State**

03-30-2005 90159 015 \*\*\*\*\*50.00

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03162005 Chg-LLC CR2E083 (10/03)

<b>DOCUMENT # M02000000901</b> 1. Entity Name <b>COUNTRYWIDE MORTGAGE VENTURES, LLC</b>					
Principal Place of Business <b>4500 PARK GRANADA MS CH-11 CALABASAS, CA 91302</b>			Mailing Address <b>5220 LAS VIRGENES RD AC-11 CALABASAS, CA 91302</b>		
2. Principal Place of Business  Suite, Apt. #, etc.		3. Mailing Address <b>8521 Fallbrook Avenue</b> Suite, Apt. #, etc. <b>WB-11</b>			
City & State  Zip      Country		City & State <b>West Hills, California</b> Zip      Country <b>91304      Los Angeles</b>		4. FEI Number <b>94-3414079</b>	
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required					
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525</b>			7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2005</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR COUNTRYWIDE MANAGEMENT CORPORATION 26745 MALIBU HILLS RD CALABASAS, CA 91301</b> <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	<b>P ANDERSON, JOE 6400 LEGACY DR. PLANO, TX 75024</b> <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	<b>VP HALE, BRIAN 6400 LEGACY DR. PLANO, TX 75024</b> <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	<b>VPST STEWART, JOHN 28050 MUREAU RD STE #101 CALABASAS, CA 91302</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Mng. Dir., Strategic Bus. Development, Consumer Market</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>John W. Stewart</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO SMITH, STEVE 6400 LEGACY DR. PLANO, TX 75024</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Stephen W. G. Smith (name correction)</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>COO HANNAMAN, JOANNE 6400 LEGACY DR. PLANO, TX 75024</b> <input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary John D. Guerrey 5220 Las Virgenes Road Calabasas, CA 91302</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
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.					
<b>SIGNATURE:</b>			<b>March 17, 2005 (818) 316-8432</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE <b>Teresa C. Palma, Asst. Sec. of Countrywide Management Corporation,</b> <b>Manager of Countrywide Mortgage Ventures, LLC</b>					