

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 28, 2007 8:00 am
Secretary of State

02-28-2007 90146 021 ****50.00

DOCUMENT # M02000000901

1. Entity Name
COUNTRYWIDE MORTGAGE VENTURES, LLC



Principal Place of Business
**2701 AGOURA RD
STE. 200
AGOURA HILLS, CA 91301**

Mailing Address
**8521 FALLBROOK AVENUE
WH-11
WEST HILLS, CA 91304**

2. Principal Place of Business - No P.O. Box #
27001 AGOURA ROAD

3. Mailing Address

Suite, Apt. #, etc.
SUITE 200

Suite, Apt. #, etc.

City & State
CALABASAS, HILLS, CA

City & State

Zip
91301

Country
USA

Zip

Country

02052007

Chg-LLC

CR2E083 (12/06)

4. FEI Number
94-3414079

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525**

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

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**

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
COUNTRYWIDE MANAGEMENT CORPORATION
4500 PARK GRANADA
CALABASAS, CA 91302** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P
ANDERSON, JOE
6400 LEGACY DR.
PLANO, TX 75024** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**EV
HALE, BRIAN
6400 LEGACY DR.
PLANO, TX 75024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**V
JACOPETTI, LINDA M
27001 AGOURA RD. STE. 200
CALABASAS HILLS, CA 91301** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**CFO
SMITH, STEPHEN W G
6400 LEGACY DR.
PLANO, TX 75024** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**S
GUERRY, JOHN D
5220 LAS VIRGENES ROAD
CALABASAS, CA 91302** ☐ Delete

10. ADDITIONS/CHANGES

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

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP **PRESIDENT** ☒ Change ☐ Addition

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

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

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: Carol Queen, Assistant Vice President

02/20/2007

(818) 316-8436

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

Date

Daytime Phone #