


# 2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 18, 2008 8:00 am**  
**Secretary of State**

04-18-2008 90151 018 \*\*\*138.75

<b>DOCUMENT # M02000000901</b>	
1. Entity Name <b>COUNTRYWIDE MORTGAGE VENTURES, LLC</b>	

Principal Place of Business <b>27001 AGOURA ROAD STE. 200 AGOURA HILLS, CA 91301</b>	Mailing Address <b>8521 FALLBROOK AVENUE WH-11 WEST HILLS, CA 91304</b>
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**50004433**

2. Principal Place of Business - No P.O. Box # <b>27001 Agoura Road</b>	3. Mailing Address
Suite, Apt. #, etc. <b>Suite 200</b>	Suite, Apt. #, etc.
City & State <b>Calabasas Hills, CA</b>	City & State
Zip <b>91301</b>	Country



03262008 Chg-LLC CR2E083 (12/06)

4. FEI Number <b>94-3414079</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> 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
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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>FILE NOW!!! FEE IS \$138.75 After May 1, 2008 Fee will be \$538.75</b>	<b>Make check payable to Florida Department of State</b>
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR COUNTRYWIDE MANAGEMENT CORPORATION 4500 PARK GRANADA CALABASAS, CA 91302 <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	P HALE, BRIAN 6400 LEGACY DR. PLANO, TX 75024 <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	V JACOPETTI, LINDA M 27001 AGOURA RD. STE. 200 CALABASAS HILLS, CA 91301 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition <b>Carol Queen</b> <b>8521 Fallbrook Ave, WH-11</b> <b>West Hills, CA 91304</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CFO SMITH, STEPHEN W G 6400 LEGACY DR. PLANO, TX 75024 <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	S GUERRY, JOHN D 5220 LAS VIRGENES ROAD CALABASAS, CA 91302 <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:** Carol Queen **April 16, 2008** **(818) 316-8436**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

**Carol Queen, Assistant Secretary**