

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M02000000901

FILED  
Apr 21, 2009  
Secretary of State

Entity Name: COUNTRYWIDE MORTGAGE VENTURES, LLC

## Current Principal Place of Business:

27001 AGOURA ROAD  
STE. 200  
AGOURA HILLS, CA 91301

## New Principal Place of Business:

27001 AGOURA ROAD  
SUITE 200  
CALABASAS HILLS, CA 91301

## Current Mailing Address:

8521 FALLBROOK AVENUE  
WH-11  
WEST HILLS, CA 91304

## New Mailing Address:

8521 FALLBROOK AVENUE  
CA9-902-02-01  
WEST HILLS, CA 91304

FEI Number: 94-3414079

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US

## Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

## MANAGING MEMBERS/MANAGERS:

Title: MGR ( ) Delete  
Name: COUNTRYWIDE MANAGEMENT CORPORATION  
Address: 4500 PARK GRANADA  
City-St-Zip: CALABASAS, CA 91302

Title: P ( ) Delete  
Name: HALE, BRIAN  
Address: 6400 LEGACY DR.  
City-St-Zip: PLANO, TX 75024

Title: CFO (X) Delete  
Name: SMITH, STEPHEN W G  
Address: 6400 LEGACY DR.  
City-St-Zip: PLANO, TX 75024

Title: S (X) Delete  
Name: GUERRY, JOHN D  
Address: 5220 LAS VIRGENES ROAD  
City-St-Zip: CALABASAS, CA 91302

Title: AS (X) Delete  
Name: QUEEN, CAROL  
Address: 8521 FALLBROOK AVE WH-11  
City-St-Zip: CANOGA PARK, CA 91304

## ADDITIONS/CHANGES:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: AS (X) Change ( ) Addition  
Name: MURPHY, PAMELA  
Address: 8521 FALLBROOK AVENUE  
City-St-Zip: WEST HILLS, CA 91304

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: PAMELA MURPHY

AS

04/21/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date