

# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Sep 06, 2007 8:00 am**  
**Secretary of State**

09-06-2007 90038 007 \*\*\*\*50.00

DOCUMENT # M02000002162

1. Entity Name

AMERICAN MORTGAGE SOURCE, L.L.C.



Principal Place of Business

10 MECHANIC STREET  
SUITE 160  
RED BANK NJ 07701

Mailing Address

10 MECHANIC STREET  
SUITE 160  
RED BANK NJ 07701



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

788 SHREWSBURY AVENUE

Suite, Apt. #, etc.

SUITE 202

City & State

TINTON FALLS, NJ

Zip

07724

Country

USA

3. Mailing Address

788 SHREWSBURY AVENUE

Suite, Apt. #, etc.

SUITE 202

City & State

TINTON FALLS, NJ

Zip

07724

Country

USA

2nd MOORE

CR2E083 (4/07)

4. FEI Number

01-0637584

Applied For

Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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]*

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7/16/07

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By September 5, 2007**

9. MANAGING MEMBERS/MANAGERS

TITLE MGR ☐ Delete  
NAME LENSOLD, PAUL  
STREET ADDRESS 10 MECHANIC ST STE 160  
CITY-ST-ZIP RED BANK NJ 07701

TITLE MGR ☐ Delete  
NAME CALLAHAN, DAVID  
STREET ADDRESS 10 MECHANIC ST STE 160  
CITY-ST-ZIP RED BANK NJ 07701

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 788 SHREWSBURY AVE, SUITE 202  
CITY-ST-ZIP TINTON FALLS, NJ 07724

TITLE ☒ Change ☐ Addition  
NAME  
STREET ADDRESS 788 SHREWSBURY AVE, SUITE 202  
CITY-ST-ZIP TINTON FALLS, NJ 07724

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

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

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

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

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 606, Florida Statutes.

SIGNATURE

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

DAVID J. CALLAHAN

7/16/07

732-530-8770

Date

Daytime Phone #