

**2008 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 12, 2008 08:00 AM
Secretary of State

DOCUMENT # M02000002162

1. Entity Name

AMERICAN MORTGAGE SOURCE, L.L.C.



Principal Place of Business

**788 SHREWSBURY AVE STE 202
TINTON FALLS, NJ 07724**

Mailing Address

**788 SHREWSBURY AVE STE 202
TINTON FALLS, NJ 07724**



01142008No Chg-LLC

CR2E083 (12/07)

DO NOT WRITE IN THIS SPACE

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**

**DO NOT WRITE
IN THIS SPACE**

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

000000825613

02/21/08-80016-024 138.75

FILE NOW!!! FEE IS \$138.75

After May 1, 2008 Fee will be \$638.75

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
LENSKOLD, PAUL
788 SHREWBERRY AVE STE 202
TINTON FALLS, NJ 07724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
CALLAHAN, DAVID
788 SHREWBERRY AVE STE 202
TINTON FALLS, NJ 07724**

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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NAME
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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**DO NOT WRITE
IN THIS SPACE**

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: _____

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

Date

Daytime Phone #

PAUL LENSKOLD, MEMBER 2-4-08 732-530-8770 x11