


# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR)

**FILED**  
**Aug 20, 2004 8:00 am**  
**Secretary of State**

08-20-2004 90065 027 \*\*\*\*50.00

<b>DOCUMENT # M02000002177</b>			
1. Entity Name <b>ALTARA HOME MORTGAGE, LLC</b>			
Principal Place of Business <b>26 NORTH MAIN STREET WALLINGFORD CT 06492</b>		Mailing Address <b>26 NORTH MAIN STREET WALLINGFORD CT 06492</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E083 (11/03)

4. FEI Number <b>01-0725856</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>STEENBAKKERS, HUBERT 5150 GULF OF MEXICO DRIVE. LONGBOAT KEY FL 34228-2006</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 \_\_\_\_\_

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2004**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FORTE, WILLIAM T 26 NORTH MAIN STREET WALLINGFORD CT 06492</b> <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
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
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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 exemption stated in Section 119.07(3)(i), 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 TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

7/30/04

203-626-0150

ATTACHMENT

24080514

# M02000002177

CHAPTER 494 LICENSE RENEWAL PAGE 2:  
FINANCIAL STATEMENT REPORTING FORMFEID: 01-0725856LICENSE TYPE: CORRESPONDENT LICENSEE NAME: ALTARA HOME MORTGAGE, LLC.  
# 254461

Instructions: Complete this form using the information from your most recent audited financial statement. The financial statement must comply with the requirements pursuant to Rule 3D-40.250, F.A.C. and any other applicable provisions.

1a. IS THE AUDIT DONE IN THE EXACT NAME OF THE ENTITY LICENSED WITH THE DEPARTMENT?

☒ YES If yes, proceed directly to question 2. ☐ NO If no, proceed to question 1b.

1b. ARE THE FINANCIAL STATEMENTS PREPARED IN THE NAME OF THE PARENT ORGANIZATION OF THE LICENSEE AND IS THE NET WORTH OF THE LICENSED ENTITY SPECIFICALLY DETAILED IN AN AUDITED BALANCE SHEET?

☐ YES ☐ NO If no, proceed to Question 1c.

NAME OF PARENT ORGANIZATION:

If yes and you provided the parent name, proceed to question 2 and answer all questions as they pertain to the licensed entity instead of to the parent organization.

1c. ARE THE FINANCIAL STATEMENTS PREPARED IN THE LEGAL NAME OF THE ENTITY INSTEAD OF THE "ALTERNATE NAME" [DULY REGISTERED WITH THE FLORIDA SECRETARY OF STATE] THAT APPEARS AS THE NAME ON YOUR CH. 494 BUSINESS LICENSE?

☐ YES ☐ NO If no, you must obtain an audited report prepared in accordance with GAAP for the licensed entity and your renewal will not be considered complete until you have complied with this requirement.LEGAL NAME OF BUSINESS:  
If yes is checked and you provided the legal name of the licensed entity, proceed to question 2.

2. DOES THE CPA STATE IN THE OPINION LETTER THAT THE AUDIT WAS DONE ACCORDING TO GAAP (GENERALLY ACCEPTED ACCOUNTING PRINCIPLES)?

☒ YES ☐ NO If no, you must obtain an audited report prepared in accordance with GAAP for the licensed entity and your renewal will not be considered complete until you have complied with this requirement.3. AUDIT IS FOR FISCAL YEAR ENDING: 12/31/20034. DATE OPINION LETTER SIGNED BY THE CPA FIRM: 3/8/2004

5. IDENTIFICATION OF INDEPENDENT CERTIFIED PUBLIC ACCOUNTANT THAT CONDUCTED THE AUDIT:

FIRM NAME: FITZPATRICK, GLATT & CO., PC  
ADDRESS: 100 MAIN STREET, SUITE 102  
CITY: SOUTH BURY STATE: CT ZIP: 06488  
PHONE NO.: 203-723-6648

6. FINANCIAL INFORMATION. [Provide financial information for the licensed entity only.]

TOTAL ASSETS: \$ 423,041 NET WORTH \$ 317,943  
TOTAL LIABILITIES: \$ 105,098 (Net worth = assets minus liabilities)

CERTIFICATION: By entering my name, I certify that this form is executed on behalf of, and with the authority of the licensed entity. The licensed entity and I represent that the information contained herein is true, correct and complete.

NAME OF CONTACT PERSON: WILLIAM T. FORTEE-MAIL ADDRESS: bforte@altarausa.com PHONE NO. 203-626-0150