2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 23, 2009
Secretary of State

DOCUMENT# M03000001166

Entity Name: ASSET DIRECT MORTGAGE, LLC

Current Principal Place of Business:

1090 NORTHCHASE PKWY
SUITE 350
MARIETTA, GA 30067

New Principal Place of Business:

11808 MIRACLE HILLS DRIVE
OMAHA, NE 68154

Current Mailing Address:

1090 NORTHCHASE PKWY
SUITE 350
MARIETTA, GA 30067

New Mailing Address:

11808 MIRACLE HILLS DRIVE
OMAHA, NE 68154

FEI Number: 71-0923018 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: BELL, PAUL H
Address: 11808 MIRACLE HILLS DR.
City-St-Zip: OMAHA, NE 68154

Title: MGR ( ) Delete
Name: BERGER, NANCEE R
Address: 11808 MIRACLE HILLS DR.
City-St-Zip: OMAHA, NE 68154

Title: MGR ( ) Delete
Name: MAZOUR, MICHAEL E
Address: 11808 MIRACLE HILLS DR.
City-St-Zip: OMAHA, NE 68154

Title: MGR (X) Delete
Name: MENDLIK, PAUL M
Address: 11808 MIRACLE HILLS DR.
City-St-Zip: OMAHA, NE 68154

ADDITIONS/CHANGES:

Title: MGR (X) Change ( ) Addition
Name: MENDLIK, PAUL M
Address: 11808 MIRACLE HILLS DR.
City-St-Zip: OMAHA, NE 68154

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: PAUL M MENDLIK MGR 04/23/2009

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