



# 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Mar 30, 2004 8:00 am**  
**Secretary of State**

03-30-2004 90068 017 \*\*\*\*55.00

<b>DOCUMENT # M03000001217</b> 1. Entity Name <b>AIMBRIDGE HOME LOANS, LLC</b>					
Principal Place of Business <b>200 UNION BLVD., STE. 510 LAKEWOOD, CO 80220</b>			Mailing Address <b>200 UNION BLVD., STE. 510 LAKEWOOD, CO 80220</b>		
2. Principal Place of Business <b>4610 S. Ulster St.</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>Denver, CO</b> Zip _____ Country _____ <b>80237 USA</b>			3. Mailing Address <b>4610 S. Ulster St.</b> Suite, Apt. #, etc. <b>Suite 300</b> City & State <b>Denver, CO</b> Zip _____ Country _____ <b>80237 USA</b>		
4. FEI Number <b>81-0581064</b>			Applied For <input type="checkbox"/> Not Applicable		
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$5.00 Additional Fee Required</b>			02102004 Chg-LLC CR2E083 (10/03)		
6. Name and Address of Current Registered Agent  <b>NRAI SERVICES, INC. 526 E. PARK AVE. TALLAHASSEE, FL 32301</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 _____		
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 _____					
<b>Filing Fee is \$50.00 Due by May 1, 2004</b>		<b>Make check payable to Florida Department of State</b>			
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BROWN, KEITH C 200 UNION BLVD., STE. 510 LAKEWOOD, CO 80220	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4610 S. Ulster St., Ste. 300 Denver, CO 80237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR <del>WILLY</del> STEVE <b>WILEY</b> 200 UNION BLVD., STE. 510 LAKEWOOD, CO 80220	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	Wiley, Steve 200 Union Blvd. Ste. 550 Lakewood, CO 80220
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENTLEY, LESLIE PO BOX 8189 HORSESHOE BAY, TX 78657	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4610 S. Ulster St., Ste. 300 Denver, CO 80237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BENTLEY, STEPHEN O 211 KING ST. #105 CHARLESTON, SC 29401	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	4610 S. Ulster St., Ste. 300 Denver, CO 80237
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	<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	<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.					
<b>SIGNATURE:</b> 			<b>3.23.04 308.215.0045</b>		
SIGNATURE AND PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			Date Daytime Phone #		