2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001697

Address:

City-St-Zip: EAST HARTFORD, CT 06108

Entity Name: ABSOLUTE MORTGAGE SOLUTIONS, LLC

FILED Jul 05, 2007 Secretary of State

Current Principal Place of Business:		New Principal Pl	New Principal Place of Business:	
19TH FLO	DERS PLAZA OR RTFORD, CT 061083212			
Current Mailing Address:		New Mailing Add	New Mailing Address:	
19TH FLO	DERS PLAZA OR PTFORD, CT 061083212			
	06-1584620 FEI Number Applied For () ce with s. 607.193(2)(b), F.S., the limited liability com	FEI Number Not Applicable (npany did not receive the prior n		
Name and	Address of Current Registered Agent:	Name and Addre	Name and Address of New Registered Agent:	
2731 EXEC SUITE 4	VICES, INC. CUTIVE PARK DRIVE FL 33331 US			
	named entity submits this statement for the peof Florida.	urpose of changing its regis	tered office or registered agent, or both	
SIGNATUR	RE:			
	Electronic Signature of Registered Age	ent	Date	
MANAGING MEMBERS/MANAGERS:		ADDITIONS/CHANGE	ADDITIONS/CHANGES:	
Title: Name: Address: City-St-Zip:	MGRM () Delete DEPASE, ALEXANDRO C 111 FOUNDERS PLAZA, 19TH FLOOR EAST HARTFORD, CT 06108	Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address:	MGRM () Delete SCHULMAN, MARC B 111 FOUNDERS PLAZA, 19TH FLOOR	Title: Name: Address:	() Change () Addition	

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: ALEX C. DEPASE **MGRM** 07/05/2007