2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000001697

Entity Name: ABSOLUTE MORTGAGE SOLUTIONS, LLC

FILED May 07, 2008 Secretary of State

Current Principal Place of Business: New P	rincipal Place of Business:
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124 HEBRON AVE GLASTONBURY, CT 06033

Current Mailing Address: New Mailing Address:

124 HEBRON AVE GLASTONBURY, CT 06033

FEI Number: 06-1584620 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

In accordance with s. 607.193(2)(b), F.S., the limited liability company did not receive the prior notice.

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

REGISTERED AGENT SOLUTIONS, INC. 155 OFFICE PLAZA DR. SUITE A TALLAHASSEE, FL 32301

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

Title:

MANAGING MEMBERS/MANAGERS:

MGRM () Delete DEPASE, ALEXANDRO C Name:

Address: 111 FOUNDERS PLAZA, 19TH FLOOR

City-St-Zip: EAST HARTFORD, CT 06108

Title: MGRM () Delete Name: SCHULMAN, MARC B

Address: 111 FOUNDERS PLAZA, 19TH FLOOR City-St-Zip: EAST HARTFORD, CT 06108

ADDITIONS/CHANGES:

(X) Change () Addition

DEPASE, ALEXANDRO C Name: Address: 124 HEBRON AVE. SUITE 3 City-St-Zip: GLASTONBURY, CT 06033

Title: MGRM (X) Change () Addition

Name: SCHULMAN, MARC B Address: 124 HEBRON AVE. SUITE 3 City-St-Zip: GLASTONBURY, CT 06033

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 DEPASE 05/07/2008