2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 26, 2008
Secretary of State

DOCUMENT# M03000002483

Entity Name: ALCOVA MORTGAGE LLC

Current Principal Place of Business:

2965 COLONNADE DR
SUITE 110
ROANOKE, VA 24018

New Principal Place of Business:

Current Mailing Address:

2965 COLONNADE DR
SUITE 110
ROANOKE, VA 24018

New Mailing Address:

FEI Number: 14-1886719 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 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:	LINDSTROM, ROB	
Address:	223 EUGENE DR	
City-St-Zip:	ROANOKE, VA 24017 US	
Title:	MGR	( ) Delete
Name:	NICELY, BOBBY	
Address:	175 JUSTIN LANE	
City-St-Zip:	CHRISTIANBURG, VA 24073 US	
Title:	MGR	( ) Delete
Name:	SIPLE, WILLIAM	
Address:	4501 COLONIAL PLACE DR	
City-St-Zip:	ROANOKE, VA 24018 US	

ADDITIONS/CHANGES:

Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:		( ) Change ( ) Addition
Name:		
Address:		
City-St-Zip:		
Title:	MGR	(X) Change ( ) Addition
Name:	SIPLE, WILLIAM	
Address:	5406 QUAIL RIDGE CT	
City-St-Zip:	ROANOKE, VA 24018 US	

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: ROBERT LINDSTROM OWNE 03/26/2008

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