2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M03000004122

Entity Name: RESIDENTIAL HOME LOAN CENTERS, LLC

Apr 01, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

1777 REISTERSTOWN RD, STE 352 EAST 11447 CRONHILL DR BALTIMORE, MD 21208

SUITE C-F

OWINGS MILLS, MD 21117

Current Mailing Address: New Mailing Address:

11447 CRONHILL DR 1777 REISTERSTOWN RD, STE 352 EAST

BALTIMORE, MD 21208 SUITE C-F

OWINGS MILLS, MD 21117

FEI Number: 52-2292310 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X)

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

NRAI SERVICES, INC 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 US

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:

ADDITIONS/CHANGES:

Title: () Delete (X) Change () Addition FLECHNER, JACK B ESQ FLECHNER, JACK B ESQ Name: Name: 1777 REISTERSTOWN RD, STE 352 EAST Address: 11447 CRONHILL DR, SUITE C-F Address:

City-St-Zip: BALTIMORE, MD 21208 City-St-Zip: OWINGS MILLS, MD 21117

(X) Change () Addition Title: MGRM () Delete Title: MGRM

GELLER, LOUIS Name: GELLER, LOUIS Name: Address: 1777 REISTERSTOWN RD. STE 352 EAST Address: 11447 CRONHILL DR. SUITE C-F

City-St-Zip: BALTIMORE, MD 21208 City-St-Zip: OWINGS MILLS, MD 21117

Title: MGR () Delete Title: MGR (X) Change () Addition FEIT, GREGORY M FEIT, GREGORY M Name: Name:

1777 REISTERSTOWN RD, STE 352 EAST 11447 CRONHILL DR, SUITE C-F Address: Address:

City-St-Zip: BALTIMORE, MD 21208 City-St-Zip: OWINGS MILLS, MD 21117

Title: MGR () Delete Title: MGR (X) Change () Addition Name: STARKES, RAYMOND H III Name: STARKES, RAYMOND H III

Address: 1777 REISTERSTOWN RD, STE 352 EAST Address: 11447 CRONHILL DR, SUITE C-F City-St-Zip: BALTIMORE, MD 21208 City-St-Zip: OWINGS MILLS, MD 21117

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: LOUIS GELLER **MGRM** 04/01/2009