

# 2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Jan 18, 2006 8:00 am**  
**Secretary of State**

01-18-2006 90004 012 \*\*\*\*50.00

20001403



<b>DOCUMENT # M04000004814</b> 1. Entity Name <b>NEW CENTURY MORTGAGE VENTURES, LLC</b>					
Principal Place of Business <b>18400 VON KARMAN, SUITE 1000 IRVINE, CA 92612</b>			Mailing Address <b>18400 VON KARMAN, SUITE 1000 IRVINE, CA 92612</b>		
2. Principal Place of Business <b>210 Commerce</b> Suite, Apt. #, etc. <b>ste 100</b> City & State <b>Irvine, CA</b> Zip <b>92612</b>		3. Mailing Address <b>3351 Michelson Dr.</b> Suite, Apt. #, etc. <b>Ste 400</b> City & State <b>Irvine, CA</b> Zip <b>92612</b>		4. FEI Number <b>71-0973199</b> Applied For <input type="checkbox"/> Not Applicable	
Country <b>US</b>		Country <b>US</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required No	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent Name <b>Same</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
<b>Filing Fee is \$50.00 Due by May 1, 2006</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	<b>MGR</b> <b>MORRICE, BRADLEY</b> <b>18400 VON KARMAN, SUITE 1000</b> <b>IRVINE, CA 92612</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Bradley Morrice</b> <b>18400 Von Karman, Ste 1000</b> <b>Irvine, CA 92612</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>FLANAGAN, PATRICK</b> <b>18400 VON KARMAN, SUITE 1000</b> <b>IRVINE, CA 92612</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CEO/Director</b> <b>Patrick Flanagan</b> <b>18400 Von Karman, Suite 1000</b> <b>Irvine, CA 92612</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR</b> <b>DODGE, PATTI</b> <b>18400 VON KARMAN, SUITE 1000</b> <b>IRVINE, CA 92612</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>CFO</b> <b>Patti M. Dodge</b> <b>18400 Von Karman, Suite 1000</b> <b>Irvine, CA 92612</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary</b> <b>Stergios Theologides</b> <b>18400 Von Karman, Suite 1000</b> <b>Irvine, CA 92612</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>James M. O'Reilly</b> <b>18400 Von Karman, Suite 1000</b> <b>Irvine, CA 92612</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<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 exemptions contained in Chapter 119, 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> <i>Patti M. Dodge</i>		<b>Patti M. Dodge, CFO</b>		<b>1/13/06</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>		<small>Date</small>		<small>Daytime Phone #</small>	

(949)440-7030

ATTACHMENT 20001489  
#M04000004814

**NEW CENTURY MORTGAGE VENTURES, LLC**  
**210 Commerce Suite 100**  
**Irvine, CA 92602**  
**949-440-7030**

## **EXECUTIVE OFFICERS & DIRECTORS**

### **BUSINESS INFORMATION**

### **TITLE(S)**

<b>BRADLEY A. MORRICE</b> <b>AKA Brad Morrice</b> 18400 Von Karman, Suite 1000 Irvine, CA 92612	Director
<b>PATRICK J. FLANAGAN</b> <b>AKA Pat Flanagan</b> 18400 Von Karman, Suite 1000 Irvine, CA 92612	Chief Executive Officer Director
<b>JAMES M. O'REILLY</b> <b>AKA Jim O'Reilly</b> 18400 Von Karman, Suite 1000 Irvine, CA 92612	President
<b>PATTI M. DODGE</b> <b>AKA Patti Dodge</b> 18400 Von Karman, Suite 1000 Irvine, CA 92612	Chief Financial Officer Director
<b>STERGIOS THEOLOGIDES</b> <b>AKA Terry Theologides</b> 18400 Von Karman, Suite 1000 Irvine, CA 92612	Executive Vice President Secretary

**NEW CENTURY MORTGAGE VENTURES, LLC**  
**A DELAWARE CORPORATION**  
**FORMED ON OCTOBER 5, 2004**  
**FEIN: 71-0973199**

Updated: May 6, 2005