2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M04000004814

Entity Name: NEW CENTURY MORTGAGE VENTURES, LLC

FILED Mar 21, 2007 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 210 COMMERCE 210 COMMERCE SUITE 3 SUITE 100 IRVINE, CA 92612 IRVINE, CA 92612 **Current Mailing Address: New Mailing Address:** 350 COMMERCE 3351 MICHELSON DR. SUITE 400 SUITE 100 IRVINE, CA 92612 IRVINE, CA 92602 FEI Number: 71-0973199 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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: (X) Change () Addition () Delete MORRICE, BRADLEY MORRICE, BRADLEY Name: Name: 18400 VON KARMAN, SUITE 1000 Address: 18400 VON KARMAN, SUITE 1000 Address: City-St-Zip: IRVINE, CA 92612 City-St-Zip: IRVINE, CA 92612 Title: CEOD () Delete Title: (X) Change () Addition FLANAGAN, PATRICK Name: O'REILLY, JAMES M Name: Address: 18400 VON KARMAN, SUITE 1000 Address: 18400 VON KARMAN, SUITE 1000 City-St-Zip: IRVINE, CA 92612 City-St-Zip: IRVINE, CA 92612 Title: CFO () Delete Title: CFO (X) Change () Addition DODGE, PATTI M BINDRA, TAJ Name: Name: 18400 VON KARMAN, SUITE 1000 18400 VON KARMAN, SUITE 1000 Address: Address: City-St-Zip: IRVINE, CA 92612 City-St-Zip: IRVINE, CA 92612 Title: () Delete Title: () Change () Addition THEOLOGIDES, STERGIOS Name: Name: 18400 VON KARMAN SUITE 1000 Address: Address: City-St-Zip: IRVINE, CA 92612 City-St-Zip: Title: () Delete Title: (X) Change () Addition O'REILLY, JAMES M THREADGILL, JONATHAN Name: Name: 18400 VON KARMAN SUITE 1000 22485 TOMBALL Address: Address: City-St-Zip: **IRVINE, CA 92612** City-St-Zip: HOUSTON, TX 77070 Title: () Delete Title: () Change (X) Addition CLOYD, KEVIN M Name: Name: Address: Address: 18400 VON KARMAN, SUITE 1000 IRVINE, CA 92612 City-St-Zip: City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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: STERGIOS THEOLOGIDES S 03/21/2007