

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000116

Entity Name: AURORA LOAN SERVICES LLC

FILED
May 07, 2008
Secretary of State

Current Principal Place of Business:

10350 PARK MEADOWS DRIVE
LITTLETON, CO 80124

New Principal Place of Business:

Current Mailing Address:

10350 PARK MEADOWS DRIVE
LITTLETON, CO 80124

New Mailing Address:

FEI Number: 13-3947742 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:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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:

Title: MGR () Delete
Name: FRANKS, LANA
Address: 745 SEVENTH AVENUE
City-St-Zip: NEW YORK, NY 10019

Title: MGR () Delete
Name: GRIEB, EDWARD
Address: 745 SEVENTH AVENUE
City-St-Zip: NEW YORK, NY 10019

Title: MGR () Delete
Name: SKOBA, JOHN M
Address: 10350 PARK MEADOWS DRIVE
City-St-Zip: LITTLETON, CO 80124

Title: MGR () Delete
Name: SARMAST, AIDA Y
Address: 10350 PARK MEADOWS DRIVE
City-St-Zip: LITTLETON, CO 80124

Title: MGR () Delete
Name: SVEEN, PAUL
Address: 10350 PARK MEADOWS DRIVE
City-St-Zip: LITTLETON, CO 80124

Title: MGR () Delete
Name: WILDRICK, CRAIG D
Address: 10350 PARK MEADOWS DRIVE
City-St-Zip: LITTLETON, CO 80124

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR (X) Change () Addition
Name: THOMAS, WIND
Address: 10350 PARK MEADOWS DRIVE
City-St-Zip: LITTLETON, CO 80124

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: AIDA Y. SARMAST

MGR

05/07/2008

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