

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000000116

FILED
Mar 23, 2009
Secretary of State

Entity Name: AURORA LOAN SERVICES LLC

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 ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: 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 (X) Delete
Name: THOMAS, WIND
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: 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:

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

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

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

VP

03/23/2009

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