

# **2006 LIMITED LIABILITY COMPANY REINSTATEMENT**

DOCUMENT# M05000001493

**FILED**  
**Oct 16, 2006**  
**Secretary of State**

**Entity Name:** ACCESS CAPITAL MORTGAGE, LLC

**Current Principal Place of Business:**

4905 DEL RAY AVENUE, SUITE 401  
BETHESDA, MD 20814

**New Principal Place of Business:**

**Current Mailing Address:**

4905 DEL RAY AVENUE, SUITE 401  
BETHESDA, MD 20814

**New Mailing Address:**

**FEI Number:** 11-3685264      **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:**

HIQ CORPORATE SERVICES, INC.  
1574 VILLAGE SQUARE BLVD  
SUITE 100  
TALLAHASSEE, FL 32309 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:** JAMES STROTT, PRESIDENT

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

**ADDITIONS/CHANGES:**

**Title:** MGRM      ( ) Delete  
**Name:** HOLDER, DAVID  
**Address:** 4905 DEL RAY AVENUE, SUITE 401  
**City-St-Zip:** BETHESDA, MD 20814

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

**Title:** MGRM      ( ) Delete  
**Name:** NICCOLINI, MIKE  
**Address:** 4905 DEL RAY AVENUE, SUITE 401  
**City-St-Zip:** BETHESDA, MD 20814

**Title:**      ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**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:** DAVID HOLDER

PRES

10/16/2006

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