2007 LIMITED LIABILITY COMPANY REINSTATEMENT

FILED
Oct 05, 2007
Secretary of State

DOCUMENT# M05000001493

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:

4905 DEL RAY AVENUE
SUITE 401
BETHESDA, MD 20814

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 ( )**

Name and Address of Current Registered Agent:

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

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MANAGERS:

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

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

ADDITIONS/CHANGES:

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: DAVID HOLDER PRES 10/05/2007

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