.★ 2006 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

Feb 13, 2006 08:00 AM Secretary of State DOCUMENT # M05000004378 AMERITIME MORTGAGE COMPANY, LLC Principal Place of Business Mailing Address 2100 WEST LOOP SOUTH STE 900 2100 WEST LOOP SOUTH STE 900 HOUSTON, TX 77027 HOUSTON, TX 77027 02092006 No Chg-LLC CR2E083 (11/05) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 11-3724023 Not Applica \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent NRAI SERVICES, INC. DO NOT WRITE 2731 EXECUTIVE PARK DR STE 4 WESTON, FL 33331 IN THIS SPACE 8. 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. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and according to the purpose of changing its registered of florida and the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the purpose of changing its registered of the purpose of the the obligations of registered agent. SIGNATURE. Signature, typed or printed name of registered egent and title if applicable DIOTE: Registered Agent algorature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2006 MANAGING MEMBERS/MANAGERS 9. 717LE ARMSTRONG, BRANDON STREET ADDRESS 2100 WEST LOOP SOUTH STE 900 CITY-57-712 HOUSTON, TX 77027 800000432384 72/23/06-80063-005 **50.**00 TITLE HAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP

I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as it made under oath; that I am a managing member or manager limited flability company or the receiver or trustee empowered to execute this report as required by Chapter 803, Florida Statutes.

TITLE NAME STREET ADDRESS CITY-ST-ZYP

2-9-2006

FILED