

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M05000005405

FILED
Jan 27, 2007
Secretary of State

Entity Name: CU MORTGAGE NETWORK LLC

Current Principal Place of Business:

8763 UNION CENTRE BLVD.
SUITE 101
WEST CHESTER, OH 45069

New Principal Place of Business:

Current Mailing Address:

8763 UNION CENTRE BLVD.
SUITE 101
WEST CHESTER, OH 45069

New Mailing Address:

FEI Number: 20-1838187

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE STE 4
WESTON, FL 33331 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: MGRM () Delete
Name: BEHLER, STEVE
Address: 1045 W. EIGHTH STREET
City-St-Zip: CINCINNATI, OH 45203

Title: MGRM () Delete
Name: GSCHWIND, DAVID
Address: 1045 W. EIGHTH STREET
City-St-Zip: CINCINNATI, OH 45203

Title: MGRM () Delete
Name: SUTTON, DAN
Address: 1045 W. EIGHTH STREET
City-St-Zip: CINCINNATI, OH 45203

ADDITIONS/CHANGES:

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

Title: MGRM (X) Change () Addition
Name: GSCHWIND, DAVID
Address: 8763 UNION CENTRE BLVD. SUITE 101
City-St-Zip: WEST CHESTER, OH 45069

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 GSCHWIND

VP

01/27/2007

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