


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 26, 2006 8:00 am
Secretary of State

04-26-2006 90146 040 ****55.00

DOCUMENT # M05000005607	
1. Entity Name EAGLE HOME MORTGAGE, LLC	

Principal Place of Business 10510 NORTHEAST NORTHUP WAY STE 300 KIRKLAND, WA 98033	Mailing Address 10510 NORTHEAST NORTHUP WAY STE 300 KIRKLAND, WA 98033
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



03272006 Chg-LLC CR2E083 (11/05)

4. FEI Number 91-1319527		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$5.00 Additional Fee Required		

6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324		7. Name and Address of New Registered Agent	
		Name	
		Street Address (P.O. Box Number is Not Acceptable)	
		City	
		FL	Zip Code

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 accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$50.00 Due by May 1, 2006	Make check payable to Florida Department of State
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9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLSON, GARY E <input type="checkbox"/> Delete 10510 NORTHEAST NORTHUP WAY STE 300 KIRKLAND, WA 98033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Mgr James T. Timmons <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 700 Northwest 107th Avenue, 3rd Floor Miami, FL 33172
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR CARLSON, SUSAN E <input type="checkbox"/> Delete 10510 NORTHEAST NORTHUP WAY STE 300 KIRKLAND, WA 98033	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KAMINSKY, NANCY A <input type="checkbox"/> Delete 700 NORTHWEST 107TH AVE 3RD Floor MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MCCAIN, DAVID B <input type="checkbox"/> Delete 700 NORTHWEST 107TH AVE 3RD Floor MIAMI, FL 33172	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

11. 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 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:  **Gary E. Carlson, Manager** **March 27, 2006**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #