

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 16, 2007 8:00 am
Secretary of State

01-16-2007 90052 050 ****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**

2. Principal Place of Business - No P.O. Box #

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

01052007 Chg-LLC CR2E083 (12/06)

4. FEI Number
91-1319527

Applied For
Not Applicable

5. Certificate of Status Desired ☒

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2007**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
CARLSON, GARY E
10510 NORTHEAST NORTHUP WAY STE 300
KIRKLAND, WA 98033** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
CARLSON, SUSAN E
10510 NORTHEAST NORTHUP WAY STE 300
KIRKLAND, WA 98033** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
KAMINSKY, NANCY A
700 NORTHWEST 107TH AVE 3RD FLE 300
MIAMI, FL 33172** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
MCCAIN, DAVID B
700 NORTHWEST 107TH AVE 3RD FLE 300
MIAMI, FL 33172** ☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**MGR
TIMMONS, JAMES T
700 NORTHEAST 107TH AVENUE, 3RD FLOOR
MIAMI, FL 33172** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
**Mgr
Timmons, James T.
700 Northwest 107th Avenue, 3rd Floor
Miami, FL 33172** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ Change ☐ 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 606, Florida Statutes.

SIGNATURE: *Gary E. Carlson*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1/8/07

Date

425-822-6733

Daytime Phone #

Gary E. Carlson, Manager / President