2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Feb 09, 2009
Secretary of State

DOCUMENT# M05000005607

Entity Name: EAGLE HOME MORTGAGE, LLC

Current Principal Place of Business:

10510 NORTHEAST NORTHUP WAY STE 300
KIRKLAND, WA 98033

New Principal Place of Business:

Current Mailing Address:

10510 NORTHEAST NORTHUP WAY STE 300
KIRKLAND, WA 98033

New Mailing Address:

FEI Number: 91-1319527 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 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: MGR ( ) Delete
Name: CARLSON, GARY E
Address: 10510 NORTHEAST NORTHUP WAY STE 300
City-St-Zip: KIRKLAND, WA 98033

Title: MGR ( ) Delete
Name: CARLSON, SUSAN E
Address: 10510 NORTHEAST NORTHUP WAY STE 300
City-St-Zip: KIRKLAND, WA 98033

Title: MGR ( ) Delete
Name: TIMMONS, JAMES T
Address: 700 NW 107TH AVE 3RD FL
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

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

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: GARY E. CARLSON MGR 02/09/2009

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