2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000001072

1. Entity Name
MORTGAGE RESOURCE MANAGEMENT, LLC

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Principal Place of Business	Mailing Address
39555 ORCHARD HILL PL, STE. 170 NOVI, MI 48375	39555 ORCHARD HILL PL, STE. 170 NOVI, MI 48375

2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State

01262007   Chg-LLC   CR2E083 (12/06)

	Zip	Country	Zip	Country	4. FEI Number 38-3511313	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
GOODING, SCOTT 290 S.E. 9TH COURT POMPANO, FL 33060	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	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	WOOSTER, SCOTT E		NAME			
STREET ADDRESS	39555 ORCHARD HILL PL, STE. 170		STREET ADDRESS			
CITY-ST-ZIP	NOVI, MI 48375		CITY-ST-ZIP			
TITLE	MGRM	☐ Delete	TITLE		☐ Change	☐ Addition
NAME	RUSSELL, CARL R		NAME			
STREET ADDRESS	39555 ORCHARD HILL PL, STE. 170		STREET ADDRESS			
CITY-ST-ZIP	NOVI, MI 48375		CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			
TITLE		☐ Delete	TITLE		☐ Change	☐ Addition
NAME			NAME			
STREET ADDRESS			STREET ADDRESS			
CITY-ST-ZIP			CITY-ST-ZIP			

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: _Scott Wooster, Scott Wooster_   02/02/2007   248-465-1555

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE   Date   Daytime Phone #