

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # M06000003635		
1. Entity Name ALL AMERICA REVERSE MORTGAGE LLC		

Principal Place of Business 601 N. HICKS RD., STE A PALATINE, IL 60067	Mailing Address 601 N. HICKS RD., STE A PALATINE, IL 60067
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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

FILED

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**SECRETARY OF STATE
TALLAHASSEE FLORIDA**

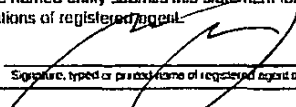


07072008 Chg-LLC CR2E083 (12/06)

4. FEI Number 14-1876688	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	
ZARETSKY, ABRAHAM M 1655 PALM BEACH LAKES BLVD #900 WEST PALM BEACH, FL 33401		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.

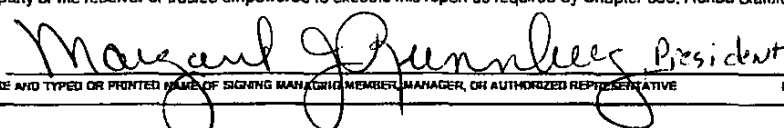
SIGNATURE:  DATE: 10/29/08

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when resigning)

FIKE NOW!!! FEE IS \$538.75 Due by September 12, 2008	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 JEPSON, PATRICIA A 601 N. HICKS RD., STE A PALATINE, IL 60067 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRESIDENT Runnberg, Margaret, J. 601 N. HICKS RD., STE A PALATINE, IL 60067 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition 300138233123 11/24/08--01047--007 **538.75
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-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 608, Florida Statutes.

SIGNATURE:  DATE: 11/21/08 547.485.3460

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