

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M06000006376

FILED
Apr 28, 2008
Secretary of State

Entity Name: WACHOVIA EQUITY SERVICING, LLC

Current Principal Place of Business:

C/O CORPORATION SERVICE COMPANY
2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON, DE 19808

New Principal Place of Business:

Current Mailing Address:

C/O CORPORATION SERVICE COMPANY
2711 CENTERVILLE ROAD, SUITE 400
WILMINGTON, DE 19808

New Mailing Address:

FEI Number: 20-5744642

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: JEFFRIES, ROSS E JR.
Address: 301 SOUTH COLLEGE STREET
City-St-Zip: CHARLOTTE, NC 282880630

Title: MGRM () Delete
Name: MULLIS, CAROL R
Address: 301 S. COLLEGE ST
City-St-Zip: CHARLOTTE, NC 28288

ADDITIONS/CHANGES:

Title: MGR (X) Change () Addition
Name: FOWLER, WILLIAM T
Address: 1100 CORPORATE CENTER DR
City-St-Zip: RALEIGH, NC 27607

Title: MGRM (X) Change () Addition
Name: MITCHELL, APRILLE M
Address: 301 S. COLLEGE ST
City-St-Zip: CHARLOTTE, NC 28288

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: APRILLE M MITCHELL

MGRM

04/28/2008

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