

# 2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# M07000003029

FILED  
Feb 24, 2009  
Secretary of State

Entity Name: REPUBLIC MORTGAGE HOME LOANS, LLC

**Current Principal Place of Business:**

5241 SOUTH STATE STREET  
SUITE 2  
MURRAY, UT 84107

**New Principal Place of Business:**

**Current Mailing Address:**

5241 SOUTH STATE STREET  
SUITE 2  
MURRAY, UT 84107

**New Mailing Address:**

FEI Number: 87-0676486

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: D ( ) Delete  
Name: CHECKETTS, DAVID W  
Address: 280 PARK AVENUE 5TH FLOOR EAST  
City-St-Zip: NEW YORK, NY 10017

Title: DT ( ) Delete  
Name: CUTLER, KENNETH C  
Address: 35 NO. REDWOOD RD  
City-St-Zip: NORTH SALT LAKE, UT 84107

Title: C ( ) Delete  
Name: LEISHMAN, LOWELL L  
Address: 1189 E. 1650 S.  
City-St-Zip: BOUNTIFUL, UT 84010

Title: DP ( ) Delete  
Name: LEISHMAN, L. SCOTT  
Address: 5241 SOUTH STATE STREET, STE 2  
City-St-Zip: MURRAY, UT 84107

**ADDITIONS/CHANGES:**

Title: D (X) Change ( ) Addition  
Name: CHECKETTS, DAVID W  
Address: 200 PARK AVENUE, 16TH FLOOR  
City-St-Zip: NEW YORK, NY 10166

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: L. SCOTT LEISHMAN

DP

02/24/2009

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