2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

ANNUAL REPORT							FILEL)		
DOCUMENT # M9600000085 1. Entity Name DECISION ONE MORTGAGE COMPANY, LLC, L.C.							ECRETARY OF COR	IF STATE LPGRATIONS	÷	
Principal Place of Business 6060 J.A. JONES DRIVE STE 1000 CHARLOTTE, NC 28287		Mailing Address 2700 SANDERS RD. TAX DEPT 2S PROSPECT HEIGHTS, IL	0		!	n insin milil raiji sajif m	8111 63 111 63 112 86 73 8		188f (E) E3	
2. Principal Place of Business		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.				04272005	Chg-LLC	CR2E083	(10/03)	
City & State		City & State				4. FEI Numbe 56-196				oplied For ot Applicable
Zip •	Country	Zip	Counti				of Status Desired	Fee	.00 Add e Required	
-4	6. Name and Address of Current Registered Agent					7. Name and	Address of New I	Registered Age	nt	
C T CORP 1200 SOU	PORATION SYSTEM ITH PINE ISLAND ROAD ION, FL 33324	Na Str			ddress (F	P.O. Box Numbe	er is Not Acceptab	le)		
	\$ P		City							
8. The above	the purpose of changing its				ed agent, or bot	th, in the State of F	FL lorida. I am fam	Zip Code niliar with,		
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, 2005					Make check payable to Florida Department of State					3
9.	MANAGING MEMBER	RS/MANAGERS	10.				ADDITIONS	CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRD J C FAULKNER 6060 J.A. JONES DRIVE CHARLOTTE, NC 28209	☐ Defete				13.0 06/01	00055 1/050100	5454 16001	Change **31)[Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP FATINA, D.J. 2700 SANDERS RD. PROSPECT HEIGHTS, IL 60070	☐ Delete] Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVPT HOLCOMB, M.J. 6060 J.A. JONES DRIVE CHARLOTTE, NC 28287	☐ Delete							Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SVP POLAYED, PAYE M 2700 SANDERS RD. PROSPECT HEIGHTS, IL 60070	□ Delete			<i>V₽</i> C.K.	C WORN	JA .] Change	Addition
TITLE NAME STREET ADDRESS CITY-SI-ZIP	AS ANGELO, J.M. 2700 SANDERS RD. PROSPECT HEIGHTS, IL 60070	☐ Delete						C] Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete) Change	☐ Addition
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 and it makes the same legal effect and										
SIGNATURE: JOSEPH M. Angelo ~ 1/2 M. CILLERO 479/03 847.504.5000 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date										