


# 2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**May 08, 2007 8:00 am**  
**Secretary of State**

05-08-2007 90117 017 \*\*\*\*50.00

|   |  |  |   |
|---|--|--|---|
| <b>DOCUMENT # M96000000085</b>  |  |   |   |
| 1. Entity Name<br>DECISION ONE MORTGAGE COMPANY, LLC, L.C.  |  |  |   |
| Principal Place of Business<br>6060 J.A. JONES DRIVE<br>STE 1000<br>CHARLOTTE, NC 28287   |  | Mailing Address<br>6060 J.A. JONES DRIVE<br>SUITE 800<br>CHARLOTTE, NC 28287   |   |
| 2. Principal Place of Business - No P.O. Box #<br>3023 HSBC Way   |  | 3. Mailing Address<br>3023 HSBC Way  |   |
| Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  |   |
| City & State<br>Fort Mill, SC   |  | City & State<br>Fort Mill, SC  |   |
| Zip<br>29715  | Country<br>USA   | Zip<br>29715   | Country<br>USA  |
| 6. Name and Address of Current Registered Agent<br><br>C T CORPORATION SYSTEM<br>1200 SOUTH PINE ISLAND ROAD<br>PLANTATION, FL 33324  |  | 7. Name and Address of New Registered Agent<br><br>Name<br><br>Street Address (P.O. Box Number is Not Acceptable)<br><br>City<br>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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____   |  |  |   |
| Filing Fee is \$50.00<br>Due by May 1, 2007   |  | Make check payable to<br>Florida Department of State   |   |
| 9. MANAGING MEMBERS/MANAGERS  |  | 10. ADDITIONS/CHANGES  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGR<br>MARKWAT, WILLIAM A<br>6060 J.A. JONES DR<br>CHARLOTTE, NC 28287 <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>MARKWAT, WILLIAM A.<br>3023 HSBC WAY<br>FORT MILL, SC 29715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | MGRP<br>ESPOSITO, GARY R<br>6060 J.A. JONES DR<br>CHARLOTTE, NC 28287 <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>ESPOSITO, GARY R.<br>3023 HSBC WAY<br>FORT MILL, SC 29715 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | MGR<br>GREENE, JOHN T.<br>3023 HSBC WAY<br>FORT MILL, SC 29715 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition     |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <input type="checkbox"/> Delete  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP   | <input type="checkbox"/> Change <input type="checkbox"/> 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:**

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

Date

Daytime Phone #

4/26/07

803.835.6000