

2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000077332

Entity Name: ASSET RECOVERY XX, LLC**Current Principal Place of Business:**

C/O MUNB LOAN HOLDINGS
ONE WALL STREET ATTN: GORDON BERGER, 16TH FLOOR
NEW YORK, NY 10286

Current Mailing Address:

C/O MUNB LOAN HOLDINGS
ONE WALL STREET ATTN: GORDON BERGER, 16TH FLOOR
NEW YORK, NY 10286 US

FEI Number: NOT APPLICABLE**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

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

Authorized Person(s) Detail :

Title MANAGER
Name APPLEBAUM, DAVID P.
Address 500 GRANT STREET
ROOM 3210
City-State-Zip: PITTSBURGH PA 15258

Title MANAGER
Name JOYCE, DENNIS M.
Address 500 GRANT STREET
ROOM 3210
City-State-Zip: PITTSBURGH PA 15258

Title SECRETARY
Name PARRISH, BARBARA J.
Address 500 GRANT STREET
ROOM 3210
City-State-Zip: PITTSBURGH PA 15258

Title TAX MANAGER
Name HUBER, JOANNE
Address 3210 BNYMELLON CTR
City-State-Zip: PITTSBURGH PA 15258

I hereby certify that the information indicated on this report or supplemental 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; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JOANNE HUBER**TAX MANAGER****12/16/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date