

**2013 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# M04000001191

**Entity Name:** ISERVE RESIDENTIAL LENDING, LLC

**Current Principal Place of Business:**

13520 EVENING CREEK DRIVE, N  
SUITE 400  
SAN DIEGO, CA 92128

**Current Mailing Address:**

13520 EVENING CREEK DRIVE, N  
SUITE 400  
SAN DIEGO, CA 92128

**FEI Number:** 26-4193875

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

NRAI SERVICES, INC.  
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 CHIEF EXECUTIVE OFFICER  
Name WILSON, DOUGLAS M  
Address 13520 EVENING CREEK DRIVE N,  
SUITE 400  
City-State-Zip: SAN DIEGO CA 92128

Title CHIEF OPERATING OFFICER  
Name WILSON, MICHAEL C  
Address 13520 EVENING CREEK DRIVE, N  
SUITE 400  
City-State-Zip: SAN DIEGO CA 92128

Title VICE PRESIDENT  
Name MICHAEL, KENNETH E JR  
Address 412 GOLDEN BEAR COURT  
SUITE 213  
City-State-Zip: MURFREESBORO TN 37128

*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:** DOUGLAS MCPHERSON WILSON

**CHIEF EXECUTIVE  
OFFICER**

**04/03/2013**

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail

\_\_\_\_\_  
Date