RI SOS Filing Number: 200703536530 Date: 11/02/2007 4:00 PM

State of Rhode Island
and Providence Plantations
Office of the Secretary of State

A. Ralph Mollis, *Secretary of State*
Corporations Division
148 W. River Street
Providence, RI 02904-2615
401.222.3040

LIMITED LIABILITY COMPANY ANNUAL REPORT FOR THE YEAR 2007

Filing Period: September 1 - November 1 • **Filing Fee:** $50.00

In accordance with R.I.G.L. 7-16-66 (d), each limited liability company failing or refusing to file its annual report within thirty (30) days after the time prescribed by law (R.I.G.L. 7-16-66 (b&c)) is subject to a penalty fee of $25.00.

1. ID No.	2. Exact name of the limited liability company
135513	Specialized Loan Servicing LLC

3. State of Formation	4. Brief description of the character of the business which is actually conducted in Rhode Island
Delaware	Mortgage Servicing

5. Principal office address	City	State	Zip
8742 Lucent Blvd., Suite 300	Highlands Ranch	CO	80129

6. MAILING ADDRESS OF LIMITED LIABILITY COMPANY AND NAME OR TITLE OF CONTACT PERSON:

Contact Name	Contact Title
Lisa Maresca	Licensing Analyst

Street Address	City	State	Zip
8742 Lucent Blvd., Suite 300	Highlands Ranch	CO	80129

7. NAME AND ADDRESS OF EACH MANAGER OF THE LIMITED LIABILITY COMPANY, IF APPLICABLE - DO NOT LIST MEMBERS
FILL IN SPACES BEFORE USING ATTACHMENTS ("X" BOX FOR ATTACHMENT) ☑

Manager Name	Street Address	City	State	Zip
John C. Beggins	8742 Lucent Blvd., Suite 300	Highlands Ranch	CO	80129
Patrick K. Doyle	One Embarcadero Center, Suite 1530	San Francisco	CA	94111
Toby E. Wells	8742 Lucent Blvd., Suite 300	Highlands Ranch	CO	80129
John A. Tartaglia	45 Rockefeller Plaza, Suite 420	New York	NY	10111

8. RESIDENT AGENT IN RHODE ISLAND - DO NOT ALTER - Changes require filing of Form 642 - R.I.G.L. 7-16-11

Agent Name	Address	City	Zip
Capitol Corporate Services, Inc.	222 Jefferson Boulevard, Suite 200	Warwick	02888

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This report must be executed by an authorized person pursuant to R.I.G.L. 7-16-66 (b).

135513

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements, contained herein are true and correct.

Johanna Santucci 10/31/07
Signature of Authorized Person *Date*

Johanna Santucci, VP--Compliance
Print or Type Name of Authorized Person

File Date FILED
Check No. NOV 02 2007
By: BY
FOR SECRETARY OF STATE USE ONLY

16278-61-200585

Form 632 Rev. 07/07

Attachment: Additional Manager for Specialized Loan Servicing LLC

Richard David Winter
45 Rockefeller Plaza, Suite 420
New York, NY 10111