	Office of the	Secretary or	State	
Secretary of St	148 W Providenc	f Business Servic 7. River Street xe RI 02904-261) 222-3040		
imited Liability nnual Report ling Period: Septe	Company ber 1 - November 1			
e its annual report	I.G.L. 7-16-66(d), each limited lia vithin thirty (30) days after the time ect to a penalty fee of \$25.00.			0
ANNUAL REPORT	(EAR: <u>2011</u>			
1. ID No. <u>000</u> 2	<u>30917</u>			
2. Exact Name o	he Limited Liability Company	Nationstar Morts	gage Properties	LLC
			<u> </u>	
3 State of Forme				
State: <u>DE</u> 4. Brief Descriptio	of the Character of the Busine	ess Which is Act	ually Conducted	d in Rhode Island
State: <u>DE</u> 4. Brief Description REAL ESTATE 5. Principal Office No. and Street:	of the Character of the Busine	ess Which is Act State: <u>TX</u>	ually Conducted Zip: <u>75067</u>	d in Rhode Island Country: <u>USA</u>
 4. Brief Description REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: C No. and Street: 	Address <u>350 HIGHLAND DRIVE</u> <u>LEWISVILLE</u> of Limited Liability Company a mact Title: <u>350 HIGHLAND DRIVE</u>	State: <u>TX</u> and Name or Titl	Zip: <u>75067</u> le of Contact Pe	Country: <u>USA</u> erson:
State: <u>DE</u> 4. Brief Description REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: C No. and Street: City or Town: City or Ci	Address 350 HIGHLAND DRIVE LEWISVILLE of Limited Liability Company a ntact Title: 350 HIGHLAND DRIVE LEWISVILLE	State: <u>TX</u> and Name or Titl State: <u>TX</u>	Zip: <u>75067</u> le of Contact Pe Zip: <u>75067</u>	Country: <u>USA</u> erson: Country: <u>USA</u>
State: <u>DE</u> 4. Brief Description REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: C No. and Street: City or Town: 7. Name and Add DO NOT LIST N	Address 350 HIGHLAND DRIVE LEWISVILLE of Limited Liability Company a ntact Title: 350 HIGHLAND DRIVE LEWISVILLE	State: <u>TX</u> and Name or Titl State: <u>TX</u> nited Liability Co	Zip: <u>75067</u> le of Contact Pe Zip: <u>75067</u> ompany, if Appl	Country: <u>USA</u> erson: Country: <u>USA</u> licable.
State: <u>DE</u> 4. Brief Description REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: C No. and Street: City or Town: 7. Name and Add	Address 350 HIGHLAND DRIVE LEWISVILLE of Limited Liability Company a ntact Title: 350 HIGHLAND DRIVE LEWISVILLE	State: <u>TX</u> and Name or Titl State: <u>TX</u> nited Liability Co	Zip: <u>75067</u> le of Contact Pe Zip: <u>75067</u> ompany, if Appl Addr	Country: <u>USA</u> erson: Country: <u>USA</u> licable.
State: <u>DE</u> 4. Brief Description REAL ESTATE 5. Principal Office No. and Street: City or Town: 6. Mailing Address Contact Name: C No. and Street: City or Town: 7. Name and Add DO NOT LIST N	Address 350 HIGHLAND DRIVE LEWISVILLE of Limited Liability Company a Intact Title: 350 HIGHLAND DRIVE LEWISVILLE of Limited Liability Company a Intact Title: 350 HIGHLAND DRIVE LEWISVILLE Individual Name	State: <u>TX</u> and Name or Titl State: <u>TX</u> nited Liability Co	Zip: <u>75067</u> le of Contact Pe Zip: <u>75067</u> ompany, if Appl Addr ress, City or Town, S	Country: <u>USA</u> erson: Country: <u>USA</u> licable.

CORPORATION SERVICE COMPANY 222 JEFFERSON BOULEVARD, SUITE 200 WARWICK , RI 02888

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

Signed this 27 Day of October, 2011 at 4:27:41 PM by the authorized person. *This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

By <u>RON FOUNTAIN</u>

Signature of Authorized Person

Form No. 632 Revised 09/07

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