


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
99 APR 20 AM 11:32

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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<b>FILING FEE</b> \$ 188.75	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b> Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M96000000211**

MUNICIPAL MORTGAGE AND EQUITY, L.L.C.  
PARK CHARLES BUILDING  
218 N. CHARLES STREET, SUITE 500 *49.00/cus*  
BALTIMORE MD 21201 *CM*

1a. Principal Place of Business Address  
PARK CHARLES BUILDING  
218 N. CHARLES STREET, SUITE  
BALTIMORE MD 21201

2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country	3. Date Organized or Qualified 06/14/1996	3a. State of Formation DE
		4. FEI Number 52-1449733	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
		5. Date of Last Report 05/04/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input checked="" type="checkbox"/>

7. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

8. Name and Address of New Registered Agent/Office  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
Suite, Apt. #, etc.  
City  
Zip Code  
**FL**

00000258800  
-04/30/99-01104-014  
\*\*\*\*197.50 \*\*\*\*197.50

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Registered Agent Accepting Appointment) (If 10, Registered Agent signature required when recording)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MME I CORPORATION,	218 N. CHARLES STREET, SUITE 500	BALTIMORE MD
MGRM	Thomas R. Hobbs (SVP)	218 N. Charles St., Suite 500	Baltimore, MD 21201
MGRM	Mark K. Joseph (CEO)	same address as above	
MGRM	Michael L. Falcone (COO & President)	same address as above	
MGRM	Gary A. Mentasana (SVP & CFO)	same address as above	
MGRM	Earl W. Cole, III (SVP)	same address as above	

11 I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. I further certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: *Thomas R. Hobbs* *4/15/99* (410) 962-8044