

File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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FILED  
98 MAR 20 PM 12:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>FILING FEE \$ 188.75</b>	<b>Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee</b>
<b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>	

1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M97000000284</b>  3520 TRYON MORTGAGE LLC % SHERRY & SONS, INC. 11 BALINT DRIVE YONKERS NY 10710
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1a. Principal Place of Business Address  % SHERRY & SONS, INC. 11 BALINT DRIVE YONKERS NY 10710
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2. Principal Place of Business C/O WM MORTGAGE SERVICING Suite, Apt. #, etc. LLC 1773 WILTSHIRE VILLAGE DR. City & State WELLINGTON, FL Zip 33414 Country USA	2a. Mailing Address C/O WM MORTGAGE SERVICING Suite, Apt. #, etc. LLC 1773 WILTSHIRE VILLAGE DR. City & State WELLINGTON, FL Zip 33414 Country USA
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3. Date Organized or Qualified 05/21/1997	3a. State of Formation DE
4. FEI Number 13-3915419	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report	6. Certificate of Status Desired <input type="checkbox"/> SE 79: Additional Fee Required

7. Name and Address of Current Registered Agent  C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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8. Name and Address of New Registered Agent/Office  Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 100002467001--S -03/24/98--01093--010 City ***188.75 ***188.75 FL Zip Code
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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) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	SHERRY, MICHAEL	<del>XXXXXXXXXXXX</del> 1773 Wiltshire Village Dr.	<del>XXXXXXXXXX</del> Wellington, FL 33414

11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (l), 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:  MICHAEL SHERRY 3/17/98  
Date Daytime Phone # 914 793-1793