


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 Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 98 APR -6 PM 3:00 <i>WR 4/8</i>	
FILING FEE \$ 188.75		Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee			
		Make Check Payable To: FLORIDA DEPARTMENT OF STATE			
1. Name and Mailing Address of Limited Liability Company DOCUMENT # M97000000656 Allied Bancshares Mortgage Group, LLC ALLIED FEDERAL FINANCIAL LLC 836 RITCHIE HWY. STE. 13 SEVERNA PARK MD 21146		1a. Principal Place of Business Address 836 RITCHIE HWY. STE. 13 SEVERNA PARK MD 21146			
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		09/30/1997	
City & State		City & State		3a. State of Formation	
Zip		Zip		MD	
Country		Country		4. FEI Number	
				52-1886818	
				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report	
				6. Certificate of Status Desired	
				<input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent			8. Name and Address of New Registered Agent/Office		
CT CORPORATION SYSTEM 1200 SOUTH PINE ISLAND RD. PLANTATION FL 33324			Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City Zip Code FL		
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 re-stating)		
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	REESE, RICHARD G JR.	836 RITCHIE HWY., STE. 13		SEVERNA PARK MD	
MGRM	CASEY, JAMES T	844 RITCHIE HWY., STE. 13		SEVERNA PARK MD	
MGRM	DRUMMOND, MICHAEL W	7833 WALKER DR., STE. 660		GREENBELT MD	
				500002485605--1 -04/10/98--01117--013 ***188.75 ***188.75	

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:  *3/30/98* (410) 544-8415
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #