
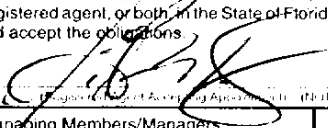
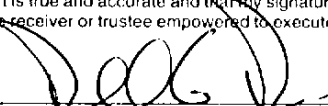


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS		FILED 99 APR 14 AM 10:45 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 # M97000000656</b>  <b>ALLIED BANCSHARES MORTGAGE GROUP, LLC</b> <b>836 RITCHIE HWY. STE. 13</b> <b>SEVERNA PARK MD 21146</b>		1a. Principal Place of Business Address <b>836 RITCHIE HWY. STE. 13</b> <b>SEVERNA PARK MD 21146</b>			
2. Principal Place of Business <b>844 Ritchie Hwy.</b> Suite, Apt. #, etc. <b>Suite 202</b> City & State <b>Severna Park, MD</b> Zip <b>21146</b>		2a. Mailing Address Suite, Apt. #, etc.  City & State  Zip <b>USA</b>		3. Date Organized or Qualified <b>09/30/1997</b>  4. FEI Number <b>52-1886818</b>  5. Date of Last Report <b>04/06/1998</b>	
3a. State of Formation <b>MD</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required			
7. Name and Address of Current Registered Agent <b>CT CORPORATION SYSTEM</b> <b>1200 SOUTH PINE ISLAND RD.</b> <b>PLANTATION FL 33324</b>			8. Name and Address of New Registered Agent/Office Name <b>James Gregory Murphy</b> Street Address (P.O. Box Number is Not Acceptable) <b>8129 Las Palmas Way</b> Suite, Apt. #, etc.  City <b>Naples</b>		
Zip Code <b>FL 34109</b>			9. Pursuant to the provisions of Sections 808.416 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: <b>3/24/99</b>		
10. Title <b>Managing Members/Managers</b>		Business Street Address		City, State and Zip Code	
<b>MGRM REESE, RICHARD G JR.</b>		<b>844 RITCHIE HWY. STE. 202</b> <del>836 RITCHIE HWY., STE. 13</del>		<b>SEVERNA PARK MD</b>	
<b>MGRM CASEY, JAMES T</b>		<b>844 RITCHIE HWY., STE. 202</b> <del>13</del>		<b>SEVERNA PARK MD</b>	
<b>MGRM DRUMMOND, MICHAEL W</b>		<b>7833 WALKER DR., STE. 660</b>		<b>GREENBELT MD</b>	
		60000028481067 - 1 -04/22/99 - 01104 - 003 ****188.75 ****188.75  <i>tc 4-19-99</i>			
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.  <b>SIGNATURE:</b> 					
3/24/99 3155100					