


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  
TALLAHASSEE, FLORIDA

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	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE
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1. Name and Mailing Address of Limited Liability Company <b>DOCUMENT # M98000000949</b>  MORTGAGE PROFESSIONALS OF TAMPA BAY, LLC MS 122481, 1 HOME CAMPUS DES MOINES IA 50328-0001
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1a. Principal Place of Business Address  <del>MS 122481, 1 HOME CAMPUS DES MOINES IA 50328</del>
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2. Principal Place of Business 3801 Bay to Bay Boulevard Suite, Apt. #, etc. City & State Tampa, FL Zip 33629 Country USA	2a. Mailing Address See Above Suite, Apt. #, etc. City & State Zip Country
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3. Date Organized or Qualified 08/28/1998	3a. State of Formation DE
4. FEI Number 59-3534998 APPLIED FOR	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report N/A	6. Certificate of Status Desired <input checked="" type="checkbox"/> \$875 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. City 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 \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	<del>NORWEST MORTGAGE, INC.</del>	<del>MS 122481, 1 HOME CAMPUS</del>	<del>DES MOINES IA</del>
MGRM	<del>NORWEST VENTURES, LLC</del>	<del>MS 122481, 1 HOME CAMPUS</del>	<del>DES MOINES IA</del>
mGRM	Norwest Mortgage, Inc. dba Norwest Ventures, LLC	1 Home Campus, MS122481	Des Moines, IA 50328-0001
mGRM	Smith & Associates Realtors, Inc.	3801 West Bay to Bay Blvd	Tampa, FL 33629

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: *Steven D. McClelland* Steven D. McClelland 4/22/99 5151 221-3518