2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 06, 2004
Secretary of State

DOCUMENT# F94000006370

Entity Name: MLCC MORTGAGE INVESTORS, INC.

Current Principal Place of Business:

4802 DEER LAKE DRIVE EAST
JACKSONVILLE, FL 322466484 US

New Principal Place of Business:

Current Mailing Address:

4802 DEER LAKE DRIVE EAST
ATTN: HOLLY MRUZ
JACKSONVILLE, FL 322466484

New Mailing Address:

FEI Number: 59-3247986 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: DP ( ) Delete
Name: O'HANLON, KEVIN
Address: 4802 DEER LAKE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 322466484

Title: SV ( ) Delete
Name: MORRISON, GEORGE T
Address: 4802 DEER LAKE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 322466484

Title: VD ( ) Delete
Name: STEWART, TARA
Address: 4802 DEER LAKE DR E
City-St-Zip: JAX, FL 322466484

Title: D ( ) Delete
Name: TRAYNHAM, EARLE C
Address: 3918 CHICORA WOOD PLACE
City-St-Zip: JACKSONVILLE, FL 32224

Title: VTD ( ) Delete
Name: DOBRANSKY, ARPAD
Address: 4802 DEER LAKE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 32246

Title: D ( ) Delete
Name: MCCONNELL, THOMAS O
Address: 8210 SHADE TREE COURT
City-St-Zip: JACKSONVILLE, FL 32256

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: DP (X) Change ( ) Addition
Name: WASHINGTON, LAWRENCE P
Address: 4802 DEER LAKE DRIVE EAST
City-St-Zip: JACKSONVILLE, FL 322466484

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: LAWRENCE P. WASHINGTON DP 04/06/2004

Electronic Signature of Signing Officer or Director — Date