


FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
97 MAY -1 PM 1:01

FILING FEE
\$ 203.75

Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee
Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company
DOCUMENT # L94000000421

CALIBER MORTGAGE COMPANY, L.C.
8917 WESTERN WAY
SUITE 6
JACKSONVILLE FL 32256

1a. Principal Place of Business Address

8917 WESTERN WAY
SUITE 6
JACKSONVILLE FL 32256

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip Country

3. Date Organized or Qualified
08/24/1994

3a. State of Formation
FL

4. FEI Number
59-3263111

5. Date of Last Report
02/26/1996

6. Certificate of Status Desired
 Applied For
 Not Applicable
 SR 7: Additional Fee Required

7. Name and Address of Current Registered Agent

HANSON, KARL B JR.
50 N. LAURA ST.
SUITE 2800
JACKSONVILLE FL 32202

8. Name and Address of New Registered Agent

Name


Street Address (P.O. Box Number is Not Acceptable)

Suite, Apt. #, etc.

City


100002169641--3
-05/07/97 Code 01075--001
*FL 203.75 ****203.75

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.

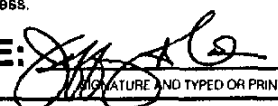
SIGNATURE  DATE 4/21/97

(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	CONN, JEFFREY A	8880 BELLEFLORE PARKWAY, SUITE 6 8917 Western Way, Suite 6	JACKSONVILLE FL 32256
MGR	ROBERTS, DAVID	524 LORNA SQUARE	BIRMINGHAM AL



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:  JEFFREY A. CONN, President 4-27-97 (904) 3633400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #