File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE. FLORIDA DEPARTMENT OF STATE LIMITED LIABILITY COMPANY Katherine Harris ANNUAL REPORT FILED Secretary of State 1999 DIVISION OF CORPORATIONS 99 APR 16 PM 4: 03 FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee SLONGIANT OF STATE TALLAHASSEE, FLORIDA Make Check Payable To: FLORIDA DEPARTMENT OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #** L9600000219 1a. Principal Place of Business Address IMPERIAL MORTGAGE L.C. 3420 BRIAN ROAD SOUTH 3420 BRIAN ROAD SOUTH PALM HARBOR FL 34685-2107 PALM HARBOR FL 34685 3. Date Organized or Qualified 2 Principal Place of Business 2a. Mailing Address 3a. State of Formation 02/27/1996 FLSuite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For 59-3363645 City & State City & State Not Applicable 5. Date of Last Report 6. Certificate of Status Desired Country Zip 03/02/1998 S8 75 Additional Fee Required 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent/Office Namo DOUTHIT, HERBERT F 3420 BRIAN ROAD SOUTH Street Address (P.O. Box Number is Not Acceptable) PALM HARBOR FL 34685 Suite, Apt. #, etc. Zip Code 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. Thereby accept the appointment as registered agent, and accept the obligations. SIGNATURE (Registered Agent Accepting Appointment). (NOTE: Registered Agent signature is good which remainting). 10. Title **Business Street Address** City, State and Zip Code Managing Members/Managers MGRN DOUTHIT, HERBERT F 3420 BRIAN ROAD SOUTH PALM HARBOR FL MGRN MILLER, FLOYD L 3420 BRIAN ROAD SOUTH PALM HARBOR FL 9maan2849729--04/23/99--01082--014 ****188.75 ****188.75 91.20-99 11 Ido 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

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attachment with an address.

SIGNATURE: