
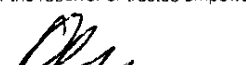


2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 28, 2004 8:00 am
Secretary of State

06-28-2004 90094 023 ****50.00

DOCUMENT # M03000001081					
1. Entity Name FIRST CONTINENTAL MORTGAGE HOLDING, LLC					
Principal Place of Business 2929 BRIARPARK DRIVE SUITE 125 HOUSTON, TX 77042			Mailing Address 2929 BRIARPARK DRIVE SUITE 125 HOUSTON, TX 77042		
2. Principal Place of Business			3. Mailing Address		
Suite, Apt. #, etc.			Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	06092004 Chg-LLC CR2E083 (10/03)	
4. FEI Number 76-0629636				<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>				\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable.</small>					
Filing Fee is \$50.00 Due by September 8, 2004			Make check payable to Florida Department of State		
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRABTREE, CLIFTON A		NAME	Crabtree, Clifton A.	
STREET ADDRESS	10497 TOWN & COUNTRY WAY, #810		STREET ADDRESS	2929 Briarpark, #125	
CITY-ST-ZIP	HOUSTON, TX 77024		CITY-ST-ZIP	Houston, Texas 77042	
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SWORDS, JOHN H		NAME		
STREET ADDRESS	2011 CEDAR SPRINGS ROAD, SUITE 403		STREET ADDRESS		
CITY-ST-ZIP	DALLAS, TX 75201		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BONNER, JOHN M		NAME		
STREET ADDRESS	5718 WESTEIMER, SUITE 1450		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77057		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BINASH, BRIAN		NAME		
STREET ADDRESS	1202 PROVIDENT OAKS LANE		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 770772242		CITY-ST-ZIP		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	INSELMANN, MIKE		NAME		
STREET ADDRESS	1001 W. LOOP SOUTH, SUITE 890		STREET ADDRESS		
CITY-ST-ZIP	HOUSTON, TX 77027		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
11. I 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 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.					
SIGNATURE: 			SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		
			Clifton A. Crabtree		
			6/9/2004 832-613-9301		
			Date Daytime Phone #		

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