/	D LIABILITY COMPANY ANNUAL REPORT 1999		Katherine Secretary of		1		
<u>\$ 188</u>		ble To: FLORIDA D	EPARTME	NT OF STATE	t datas	χ ε αις του σ	
1. Name of Limi	and Mailing Address ited Liability Company	CUMENT # 1	4960000	00005			
THE CLOSING NETWORK, L.C. 6285 OAKMONT PLACE STUART FL 34997					1a. Principal Place of Business Address 6285 OAKMONT PLACE STUART FL 34997		
 Principal Place of Business Suite, Apl. #, etc. City & State 		2a. Mailing Address Suite, Apt. #, etc.			3. Date Organized or Qualified 3a. State of Formation		
					12/29/1995 DE		
					4. FEI Number		Applied For
		City & State			52-1951540	h	Not Applicabl
Zip Country		Zip		intrý	5. Date of Last Report		e of Status Desired
	7. Name and Address of Ci				04/27/1998 Name and Address of New Re		oal Fee Required
its registe	ant to the provisions of Sections 600 red office or registered agent, or both ared agent, and accept the obligatio	n, in the State of Florida. Su					
SIGNATU	JRE				DATE		
	JRE(Registered Agent Ac Managing Members/Ma	copting Appointment) (NOTE Res anagers		tore required when recentaling iness Street Address		City, State and Zi	Code
SIGNATU 10. Title MGR	(Hegistered Agent Ac	anagers	Busi			City, State and Zig RT FL	