

# 2nd NOTICE:

Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

LIMITED LIABILITY COMPANY  
ANNUAL REPORT  
1997



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

97 SEP 22 AM 9:52

**FILING FEE** Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee  
**\$ 588.75** Make Check Payable To: **FLORIDA DEPARTMENT OF STATE**

1. Name and Mailing Address of Limited Liability Company  
**DOCUMENT # M96000000085**

DECISION ONE MORTGAGE COMPANY, LLC, L.C.  
~~6109 BRACE ROAD~~  
CHARLOTTE NC 28211

1a. Principal Place of Business Address  
~~6109 BRACE ROAD~~  
CHARLOTTE NC 28211

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

2. Principal Place of Business <b>4601 PARK Rd</b> Suite, Apt. #, etc. <b>Suite 500</b> City & State <b>Charlotte NC</b> Zip <b>28209</b> Country <b>U.S.A.</b>		2a. Mailing Address <b>4601 PARK Rd.</b> Suite, Apt. #, etc. <b>Suite 500</b> City & State <b>Charlotte, NC</b> Zip <b>28209</b> Country <b>U.S.A.</b>		3. Date Organized or Qualified <b>03/19/1996</b>		3a. State of Formation <b>NC</b>	
				4. FEI Number <b>56-1960744</b>		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

## 7. Name and Address of Current Registered Agent

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

## 8. Name and Address of New Registered Agent

Name	
Street Address (P.O. Box Number is Not Acceptable)	
Suite, Apt. #, etc.	
City	Zip Code <b>FL</b>

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 \_\_\_\_\_ (Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	FAULKNER, J C	<del>6109 BRACE ROAD</del> 4601 PARK Rd., Suite 500	CHARLOTTE NC, 28209
Mem	M. Douglas Crisp, INC.	SAME AS ABOVE	SAME AS ABOVE
Mem	Parkes C. Dibble, Jr., INC.	"	"
mem	Tod E. Highfield, INC.	"	"
mem	James C. Tarulli, INC.	"	"
m/m	J.C. Faulkner, INC.	"	"
m/n	Vowell, Michael	"	"

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\*\*\*\$588.75 \*\*\*\$588.75

**KWM**

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: James C. Faulkner 9-19-97 704/522-9320