


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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FILING FEE \$ 188.75	Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
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. 4601 PARK RD., STE. 500 CHARLOTTE NC 28209 99-AR cm
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1b. Principal Place of Business Address 4601 PARK RD., STE. 500 CHARLOTTE NC 28209
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2. Principal Place of Business 6060 J.A. Jones Drive Suite, Apt. #, etc.	2a. Mailing Address 6060 J.A. Jones Drive Suite, Apt. #, etc.
City & State	City & State
Zip 28287 Country	Zip 28287 Country

3. Date Organized or Qualified 03/19/1996	3a. State of Formation NC
4. FEI Number 56-1960744	<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Date of Last Report 03/05/1998	6. Certificate of Status Desired \$8.75 Additional Fee Required <input type="checkbox"/>

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324
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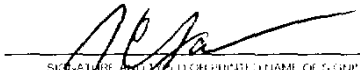
8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 600002828106--7 City 04/01/99--01042--007 FL

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 _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reappointing)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	FAULKNER, J C, Inc.	6060 J.A. Jones Drive 4601 PARK RD., STE. 500	CHARLOTTE NC
MEM	M. DOUGLAS CRISP, INC.	6060 J.A. Jones Drive 4601 PARK RD., STE. 500	CHARLOTTE NC
MEM	PARKES C. DIBBLE, JR. Inc.	6060 J.A. Jones Drive 4601 PARK RD., STE. 500	CHARLOTTE NC
MEM	TOD E. HIGHFIELD, INC.	6060 J.A. Jones Drive 4601 PARK RD., STE. 500	CHARLOTTE NC
MEM	JAMES C. TARULLI INC,	6060 J.A. Jones Drive 4601 PARK RD., STE. 500	CHARLOTTE NC
MEM	J. C. FAULKNER, INC.	6060 J.A. Jones Drive 4601 PARK RD., STE. 500	CHARLOTTE NC
MEM	Michael J. Holcomb, Inc.	6060 J.A. Jones Drive 4601 PARK RD., STE. 500	CHARLOTTE NC
MEM	Michael T. Vowell, Inc.	6060 J.A. Jones Drive 4601 PARK RD., STE. 500	CHARLOTTE NC

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:  3-23-99 (704) 887-2700
SIGNATURE OF LIMITED LIABILITY COMPANY OR CORPORATION MANAGER, MANAGING MEMBER, OR MEMBER WITH AUTHORITY TO SIGN _____ Date _____