
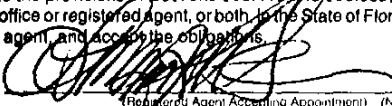



**2nd NOTICE:** Limited Liability Company Will Be Dissolved On Or After October 8, 1997. If Dissolved, Minimum Amount Due To Reinstate: \$703.75

<b>LIMITED LIABILITY COMPANY</b> <b>ANNUAL REPORT</b> <b>1997</b>		 <b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS		<b>FILED</b>  97 AUG 25 PM 1:25  SECRETARY OF STATE TALLAHASSEE, FLORIDA	
<b>FILING FEE</b> <b>\$ 588.75</b>		Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee + \$385.00 Late Fee <b>Make Check Payable To: FLORIDA DEPARTMENT OF STATE</b>			
1. Name and Mailing Address of Limited Liability Company  <b>STERLING MORTGAGE GROUP LLC</b> <b>224 DATURA STREET, SUITE 213</b> <b>WEST PALM BEACH FL 33401</b>		<b>DOCUMENT #</b> M96000000485  1a. Principal Place of Business Address  <b>224 DATURA STREET, SUITE 213</b> <b>WEST PALM BEACH FL 33401</b>			
If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a.					
2. Principal Place of Business  Suite, Apt. #, etc.  City & State  Zip                      Country		2a. Mailing Address  Suite, Apt. #, etc.  City & State  Zip                      Country		3. Date Organized or Qualified <b>12/06/1996</b>  4. FEI Number <b>06-1437901</b>  5. Date of Last Report	
				3a. State of Formation <b>CT</b>  <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
7. Name and Address of Current Registered Agent  <b>POYNER, DONALD S</b> <b>1042 THE POINT DRIVE</b> <b>WEST PALM BEACH FL 33409</b>			8. Name and Address of New Registered Agent  Name <b>LAURIE B. MACKELAR</b> Street Address (P.O. Box Number is Not Acceptable) <b>2133 Ridgely Dr # 202</b> Suite, Apt. #, etc. <b>Wellington, FL 33414</b> City <b>Wellington</b> <b>FL</b> Zip Code <b>33414</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, to 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 <b>8/14/97</b>		
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	BAJAJ, PREM	412 MAIN STREET, SUITE 6		RIDGEFIELD CT	
MGR	BAJAJ, HOLLY H	412 MAIN STREET, SUITE 6		RIDGEFIELD CT	
				<b>400002277014--S</b> <b>-08/26/97--D1011--019</b> <b>****\$88.75 ****\$88.75</b>  <b>JB</b> <b>8-25-97</b>	

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:**

 **PREM BAJAJ**

**8/18/97**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #