| LIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS  FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee \$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE |   |                   |  |  |                     | SECRETARY OF STATE OIVISION OF CORPORATIONS  99 JUN 21 PM 4: 13 |  |            |                                    |
|--|---|-------------------|--|--|---------------------|---|--|------------|------------------------------------|
|  |   |                   |  |  |                     |   |  |            |                                    |
| Enterprise Mortgage Acceptance Company, LLC<br>One Glendinning Place<br>Westport, CT 06880   |   |                   |  |  |                     | One Glendinning Place Westport, CT 06880                        |  |            |                                    |
| 2 Principal Pl   | ng Address  |                   |  | 3. Date Organized or Qualified                 |                     | 3a. State of Formation  |  |            |                                    |
| One Glendinning Place One Suite, Apt. #. etc. Suite, Ap  |   |                   | Glendinning Place  |  |                     | 4-28-1997   |  | Delaware   |                                    |
| Ошко, <b>лр</b> г. ж, о  | no.   | 3016, A           | n. w, o.c.   |  |                     | 4. FEI Number   |  | <u> </u>   | Applied For                        |
| City & State<br>Westport, CT 06880   |   | City & St<br>West | port, CT   | 068  | 80                  | 06-1468460<br>5. Date of Last Report                            |  | & Certific | Not Applicable                     |
| Zip  | Country   | Zip               |  | Country  | /                   | 4-3-98  |  |            | tional Fee Required                |
| 7. Name and Address of Current Registered Agent 8.   |   |                   |  |  |                     | Name and Address of New Registered Agent/Office                 |  |            |                                    |
| Lexis Document Services, Inc.  3953 WW Kelley Road  Tallahassee, FL 32311  |   |                   |  |  |                     | et Address (P.O. Box Number is Not Acceptable)                  |  |            |                                    |
| Tarranas   | ssee, rb 32311  |                   |  |  | Suite, Apt. #, etc. |   |  |            |                                    |
| <del></del>  | <u></u>   | City              |  |  | Zip Code            |   |  |            |                                    |
| its registered o   | the provisions of Sections 608.41<br>ffice or registered agent, or both, in tagent, and accept the obligations.                           |                   |  |  |                     |   |  |            |                                    |
| SIGNATURE  |   |                   |  |  |                     | DATE  |  |            |                                    |
| 10. Title Managing Members/Managers  |   |                   | Business Street Address  |  |                     | City, State and Zip Code  |  |            | Zip Code                           |
| Mgr.<br>Mgr.   |   |                   |  | 4111 E. 37th St. Nort<br>4111 E. 37th St. Nort |                     |   |  |            |                                    |
| Member Robert R. Geitz Member Jeffrey J.Knyal Member Kenneth A. Saverin Member Jeffrey R. Thompson   |   |                   | One Glendinning Place<br>One Glendinning Place<br>One Glendinning Place<br>4111 E. 37th St. Nort |  |                     | e<br>e  | Westpor<br>Westpor<br>Westpor<br>Wichita | t, CT      | 06830<br>06880<br>06880<br>67220   |
|  |   |                   |  |  |                     | 10  | -05/1                                    |            | 0921:<br>-01038001<br>) ****150.00 |
|  |   |                   |  |  | O+-                 | ノ 10  | -06/21                                   | 7990       | 9219<br>1131002<br>*****38.75      |
| indicated on thi   | certify that the information supplied<br>is annual report is true and accurate<br>company or the receiver or trustee to<br>be an editors. | e and that my :   | signature shall h  | ave the s                                      | ame legal effect as | if made under oath  | ; that I am a mar                        | naging mem | ber or manager of the              |
|  | TURE:   | 10 0              | 10   | _  |                     | 4/2   | x 169                                    | 2112       | 538-4652                           |

INHSE10 R (12-98)