2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

DO NOT WRITE IN THIS SPACE

DOCUMENT # M97000000285

1. Entity Name

2640 MARION MORTGAGE LLC



FILED
Mar 03, 2004 08:00 AM
Secretary of State

Principal Place of Business

Mailing Address

C/O WM MORTGAGE SERVICING 1773 WILTSHIRE VILLAGE DR WELLINGTON, FL 33414 C/O WM MORTGAGE SERVICING 1773 WILTSHIRE VILLAGE DR WELLINGTON, FL 33414



02192004No Chg-LLC

CR2E083 (10/03)

	4. FEI Number		Applied For
	13-3955116		Not Applicable
	5. Certificate of Status Desired	K	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

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

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5. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.						
SIGNATURE						
Signature, typed or printed name of registered agent and title if applicable. (NOTE, Registered			d Agent signature required when reinstating)	DATE		
Filing Fee is \$50.00 Due by May 1, 2004				U00000075771 03/03/04-80074-011 55.00		
9.	MANAGING MEMBERS/MANAGERS					
THE NAME STREET ADDRESS CITY-ST-ZIP	MGR SHERRY, MICHAEL 1773 WILTSHIRE VILLAGE DRIVE WELLINGTON, FL 33414					
TITLE NAME STREET ADDRESS CITY-ST-2IP						
TITLE NAME STREET ADDRESS CITY-ST-ZIP			DO	NOT WRITE		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP						
NILE MAME STREET ADDRESS CITY-ST-ZIP						
11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this 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.						

MICHAEL SHERRY

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE