


File on or before May 1, 1998 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS		FILED 98 MAR 20 PM 12:00 SECRETARY OF STATE TALLAHASSEE, FLORIDA	
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 # M97000000287		1a. Principal Place of Business Address	
3363 SEDGWICK MORTGAGE LLC % SHERRY & SONS, INC. 11 BALINT DRIVE YONKERS NY 10710				% SHERRY & SONS, INC. 11 BALINT DRIVE YONKERS NY 10710	
2. Principal Place of Business		2a. Mailing Address		3. Date Organized or Qualified	
C/O WM MORTGAGE SERVICING		C/O WM MORTGAGE SERVICING		05/21/1997	
Suite, Apt. #, etc. LLC		Suite, Apt. #, etc. LLC		3a. State of Formation	
1773 WILTSHIRE VILLAGE DR.		1773 WILTSHIRE VILLAGE DR.		DE	
City & State		City & State		4. FEI Number	
WELLINGTON, FL 33414		WELLINGTON, FL		13-3955114	
Zip		Zip		5. Date of Last Report	
33414		33414		6. Certificate of Status Desired	
Country		Country		SB 75 Additional Fee Required <input type="checkbox"/>	
USA		USA			
7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent/Office			
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324		Name			
		Street Address (P.O. Box Number is Not Acceptable)			
		Suite, Apt. #, etc. 688882466976-8			
		-03/24/98--01093--005			
		City			
		Zip Code			
		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 reinstating)					
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGR	SHERRY, MICHAEL	1773 WILTSHIRE VILLAGE DRIVE		WELLINGTON, FL 33414	

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:

Michael Sherry

MICHAEL SHERRY 914 793-1793

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

Date

Daytime Phone #