

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

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Name and Mailing Address of Limited Liability Company **DOCUMENT # M9700000287**

3363 SEDGWICK MORTGAGE LLC
& SHERRY & SONS, INC.
11 BALINT DRIVE
YONKERS NY 10710

1a. Principal Place of Business Address

& SHERRY & SONS, INC.
11 BALINT DRIVE
YONKERS NY 10710

2. Principal Place of Business C/O WM MORTGAGE SERVICING Suite, Apt. #, etc. LLC 1773 WILTSHIRE VILLAGE DR. City & State WELLINGTON, FL 33414 Zip Country 33414 USA		2a. Mailing Address C/O WM MORTGAGE SERVICING Suite, Apt. #, etc. LLC 1773 WILTSHIRE VILLAGE DR. City & State WELLINGTON, FL Zip Country 33414 USA		3. Date Organized or Qualified 05/21/1997		3a. State of Formation DE	
				4. FEI Number 13-3955114		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
				5. Date of Last Report		6. Certificate of Status Desired <input type="checkbox"/> SB 75 Additional Fee Required	

7. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				8. Name and Address of New Registered Agent/Office Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 688002466976 -03/24/98--01093--005 City FL Zip Code ***188.75 ***188.75			
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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	11 BALINT DRIVE 1773 WILTSHIRE VILLAGE DRIVE	YONKERS NY 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 3/17/98 914 793-1793
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #