2004 LIMITED LIABILITY COMPANY **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

DOCUMENT # M97000000287

1. Entity Name

3363 SEDGWICK MORTGAGE LLC



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

Principal Place of Business

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

Mailing Address

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



02182004No Chg-LLC

CR2E083 (10/03)

4. FEI Number 13-3955114

Applied For Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

5. Name and Address of Current Registered Agent

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

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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.			
CIONITUDE			
SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE. Registered A		(NOTE, Registered Agent signature required when reinstating)	DATE
Filing Fee is \$50.00 Due by May 1, 2004			U00000075777 03/03/04-80074-015 55.00
9.	MANAGING MEMBERS/MANAGERS		<u> </u>
TITLE NAME STREET ADDRESS CITY-ST-DP	MGR SHERRY, MICHAEL 1773 WILTSHIRE VILLAGE DRIVE WELLINGTON, FL 33414		
TUTLE NAME STREET ADDRESS CITY-ST-ZIP			
nitle name strict address city-st-zip		DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		IN '	THIS SPACE
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THTLE NAME STREET ADDRESS CITY-ST-ZIP			
11. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), 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 MANACING MEMBER, OR AUTHORIZED REPRESENTATIVE