

**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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

DOCUMENT # M97000000290

1. Entity Name
4380 VIREO MORTGAGE LLC



Principal Place of Business

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

Mailing Address

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



02182004 No Chg-LLC

CR2E083 (10/03)

DO NOT WRITE IN THIS SPACE

4. FEI Number 13-3955116	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$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**

**DO NOT WRITE
IN THIS SPACE**

8. 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 Agent signature required when reinstating)

DATE _____

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000075781
03/03/04-80074-017 55.00

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SHERRY, MICHAEL 1773 WILTSHIRE VILLAGE DRIVE WELLINGTON, FL 33414
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IN THIS SPACE**

11. I 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 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 606, Florida Statutes.

SIGNATURE:

MICHAEL SHERRY

2/26/04

914 793-1793

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

Date

Daytime Phone #