File on or before May 1, 1998 or Limited Liability Company will be subject to a $ 400.00 LATE FEE.
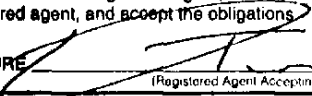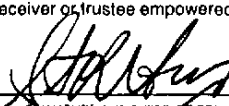
LIMITED LIABILITY COMPANY ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS	

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 #** M97000000296

REVERE CAPITAL MORTGAGE, LLC
229 WARD CIRCLE, SUITE A-13
BRENTWOOD TN 37027

1a. Principal Place of Business Address

229 WARD CIRCLE, SUITE A-13
BRENTWOOD TN 37027

2. Principal Place of Business	2a. Mailing Address	3. Date Organized or Qualified	3a. State of Formation
357 RIVERSIDE DRIVE Suite, Apt. #, etc. SUITE 99 City & State FRANKLIN TN Zip 37064 Country U.S.A.	357 RIVERSIDE DR Suite, Apt. #, etc. SUITE 99 City & State FRANKLIN TN Zip 37064 Country U.S.A.	05/27/1997	TN

4. FEI Number 62-1635549 — ☐ Applied For ☐ Not Applicable

5. Date of Last Report

6. Certificate of Status Desired $8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent	8. Name and Address of New Registered Agent/Office
TAYLOR, DAVE C/O FLORIDA COMPLIANCE SPECIALISTS, 1331 E. LAFAYETTE STREET, SUITE C TALLAHASSEE FL 32301	Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. 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 5/1/98
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGRM	BECK, WARREN E	805 WARBLER WAY	NASHVILLE TN
MGRM	HUEY, STEPHEN R	145 BRIGHTON CLOSE	NASHVILLE TN

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: _____ STEPHEN R HUEY   4/29/98   615·791·3863
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER   Date   Daytime Phone #