


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

99 MAR 15 PM 2: 27

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris 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 PRESTIGE HOME MORTGAGE, LLC 11421 CRONHILL DRIVE, SUITE E OWINGS MILLS MD 21117		DOCUMENT # M98000000069	
2 Principal Place of Business 11421 Cronhill Drive Suite, Apt. #, etc. Suite E City & State Owings Mills, Maryland Zip 21117 Country USA		2a. Mailing Address 11421 Cronhill Drive Suite, Apt. #, etc. Suite E City & State Owings Mills, Maryland Zip 21117 Country USA	
3. Date Organized or Qualified 01/27/1998		3a. State of Formation MD	
4. FEI Number 52-1980058		<input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
5. Date of Last Report		6. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required <input type="checkbox"/>	
7. Name and Address of Current Registered Agent WENGREN, KAREN 544 CARRIGAN AVENUE OVIEDO FL 32765		8. Name and Address of New Registered Agent/Office Name Ruth Weintraub Street Address (P.O. Box Number is Not Acceptable) 602 Lime Avenue Suite, Apt. #, etc. Apt. # 401 City Clearwater Zip Code FL 33756	
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 <u><i>Ruth Weintraub</i></u> DATE <u>2/18/99</u> <small>Registered Agent Accepting Appointment. NOTE: Registered Agent signature required when transferring.</small>			
10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
MGR	MARTINKUS, MATTHEW L	409 TERRACE WAY	TOSWSON MD
MGR	DELL, NANCY T	16303 DARK HOLLOW ROAD	UPPERCO MD
			100002807541-3 -03/16/99-01044-007 ****188.75 ****188.75

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 *Nancy T. Dell*, Pres. 2/18/99

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

Title

Signature Printed Name