
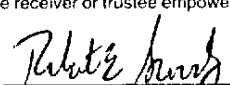


File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

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 WELLS RESOURCE/PHH REAL ESTATE SERVICES, I.L.C. 6000 ATRIUM WAY MT. LAUREL NJ 08054		DOCUMENT # M98000000322		1a. Principal Place of Business Address 6000 ATRIUM WAY MT. LAUREL NJ 08054	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		2a. Mailing Address Suite, Apt. #, etc. City & State Zip Country		3. Date Organized or Qualified 04/06/1998 3a. State of Formation AZ 4. FEI Number 52-1943705 5. Date of Last Report 6. Certificate of Status Desired <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable <input type="checkbox"/> \$8.75 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. City FL Zip Code			
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 _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when effecting change)</small>		DATE _____			
10. Title	Managing Members/Managers	Business Street Address		City, State and Zip Code	
MGRM	EDWARDS, TERENCE W	6000 ATRIUM WAY		MT. LAUREL NJ	
MGRM	GROODY, ROBERT E	6000 ATRIUM WAY		MT. LAUREL NJ	
MGRM	ANDWOOD, ROBERT	6000 ATRIUM WAY		MT. LAUREL NJ	
MGRM	KETCHAM, JAMES	111 SUTTER ST., 20TH FLOOR		SAN FRANCISCO CA	

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:  **Robert E. Groody** **2-18-99** **609-439-6000**

SIGNATURE AND TYPE PRINTED NAME OF SECRETARY, MANAGING MEMBER OR MANAGER

Date

Display Filing #