2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED AND FILED
00 MAY 18 AM 10:22
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

100000001 AF

DOCUMENT # M99000000867

1. Entity Name
MORTGAGE CAPITAL GROUP, LLC

Principal Place of Business	Mailing Address
500 TRINITY LANE #6209	500 TRINITY LANE #6209
ST PETERSBURG FL 33716	ST PETERSBURG FL 33716-1244

2. Principal Place of Business	3. Mailing Address
13575 58TH ST N.	13575 58TH ST. N
Suite, Apt. #, etc. Summit Bldg, Ste 192	Suite, Apt. #, etc. Summit Bldg, Ste 192
City & State CLEARWATER, FL	City & State CLEARWATER, FL
Zip 33760 / Country U.S.	Zip 33760 / Country U.S.

DO NOT WRITE IN THIS SPACE

4. FEI Number 06-1461982 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
METIVIER, CHERYL	Name METIVIER, CHERYL
500 TRINITY LANE #6209	Street Address (P.O. Box Number is Not Acceptable) 13575 58TH ST N. Summit Bldg. #192
ST PETERSBURG FL 33716	City CLEARWATER FL Zip Code 33760

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.

SIGNATURE Cheryl Metivier — 4/24/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	10. ADDITIONS/CHANGES
TITLE MEM MGRM ☐ Delete NAME MORAWA, CARL J STREET ADDRESS 11 GUERNSEY LANE CITY-ST-ZIP AVON CT	TITLE 000003285380-1 ☐ Change ☐ Addition NAME -06/12/00--01113--020 STREET ADDRESS *****50.00 *****50.00 CITY-ST-ZIP
TITLE MEM MGRM ☐ Delete NAME PELLO, WILLIAM J STREET ADDRESS 29 JOHNATHAN ROAD CITY-ST-ZIP WALLINGFORD CT	TITLE ~~MEMBER~~ MGRM ☒ Change ☐ Addition NAME Pello, William J. STREET ADDRESS 9 TAYLOR LANE CITY-ST-ZIP WALLINGFORD, CT
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP
TITLE ☐ Delete NAME STREET ADDRESS CITY-ST-ZIP	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP

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 608, Florida Statutes.

SIGNATURE: William Pello REQUIRED — 4/24/00 — (860) 677-5529
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER — Date — Daytime Phone #

CR: 013 (9/99)