2000 UNIFORM BUSINESS REPORT (UBR)

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

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DOCUMENT # M99000000867

1. Entity Name
MORTGAGE CAPITAL GROUP, LLC

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

DO NOT WRITE IN THIS SPACE

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 / Country 33760 / U.S.	Zip / Country 33760 / U.S.

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

METIVIER, CHERYL
500 TRINITY LANE #6209
ST PETERSBURG FL 33716

7. Name and Address of New Registered Agent

Name: METIVIER, CHERYL
Street Address (P.O. Box Number is Not Acceptable): 13575 58TH ST N. Summit Bldg. 192
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM M6RM MORAWA, CARL J 11 GUERNSEY LANE AVON CT	☐ Delete	000003285 [illegible] -06/12/00--01113--020 *****50.00 *****50.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM M6RM PELLO, WILLIAM J 29 JOHNATHAN ROAD WALLINGFORD CT	☐ Delete	member M6RM Pello, William J. 9 TAYLOR LANE WALLINGFORD, CT	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR: 0133 (9/99)

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