

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 10, 2001 08:00 AM****Secretary of State****DOCUMENT # M99000000867****1. Entity Name**
MORTGAGE CAPITAL GROUP, LLC

Principal Place of Business	Mailing Address
13575 58TH STREET NORTH SUMMIT BUILDING, SUITE 192 CLEARWATER FL 33760	13575 58TH STREET NORTH SUMMIT BUILDING, SUITE 192 CLEARWATER FL 33760

2. Principal Place of Business	3. Mailing Address
801 WEST BAY DRIVE Suite, Apt. #, etc. FIRST UNION BUILDING, SUITE 511 City & State LARGO FL	801 WEST BAY DRIVE Suite, Apt. #, etc. FIRST UNION BUILDING, SUITE 511 City & State LARGO FL
Zip 33770	Country

4. FEI Number	Applied For
06-1461982	Not Applicable

5. Certificate of Status Desired	Additional Fee Required
<input type="checkbox"/>	\$5.00

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
METIVIER CHERYL 13575 58TH STREET NORTH SUMMIT BUILDING, SUITE 192 CLEARWATER FL 33760 US	Name CRAGE RICHARD P Street Address (P.O. Box Number is Not Acceptable) 801 WEST BAY DRIVE FIRST UNION BUILDING, SUITE 511 City LARGO FL Zip Code 33770

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	DATE
RICHARD P. CRAGE <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>	04/10/2001

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

9. MANAGING MEMBERS / MEMBERS	10. ADDITIONS / CHANGES																						
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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:	DATE
CARL J. MORAWA <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>	04/10/2001 <small>Date</small>

Daytime Phone #

CR2E083 (11/00)