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2001 UNIFORM	I BUSINESS	REPORT	(UBR)

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DOCUMENT # M9900001250 1. Entity Name								51	
TIDEWATER MORTGAGE CO., LLC			FILED				Ī		
Principal Place of Business Mailing Address				01 JAN 24 PM 2	-				
PINEWEST PL ALBANY NY	AZA BLDG 3	PINEWEST PLAZA BLDG 3 ALBANY NY	1			SECRETARY OF STATE TALEAHASSEE, FLORIDA			
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Principal Place of Business Mailing Address				110010011		JUL 11918 FIBEL	Astro Anso tous		
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		,	000	ia y	5. Certificate of		5.00 Add ee Require		
	6. Name and Address of Current F	legistered Agent		Name	7. Name and A	ddress of New Registered Ag	jent]
COYLE, T	HOMAS								
5985 BLOOMFIELD CIRCLE APT D-204 NAPLES FL 32114		*	Street Address (P.O. Box Number is Not Acceptable)					-	
			City :		FL	Zip Code	e		
8. The above	named entity submits this statement for	the purpose of changing its n	egistere	ed office or register	ed agent, or both,	in the State of Florida.	<u>1</u>		1
SIGNATURE	Signature, typed or printed name of registered agent ar	ed title if applicable (NOTS)	Pagistara	d Agent signature required		DATE			
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9.	MANAGING MEMBE	RS/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: Thomas Coyle //17/01 5/8.464.4948 SIGNATURE AND TYPED OR PRINTED NAME OF STEMING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Description Printed Description Printed Date Date Description Printed Date Description Printed Date Date Description Printed Date Date Description Printed Date Date]	
	CONTROL BUT CLER OR FRINTED RAME OF	PERMIT MARAGING MEMBER, MANA	осн, ОЯ	AUTHURIZED REPRESEN	TIATIVE	- Dayt	ime Phone #	/	1