

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # A98000000093
 Entity Name
ALLIED HOME MORTGAGE, LTD

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 MAY -3 PM 1:33

Principal Place of Business
 S.E. 3RD AVENUE, 15TH FLOOR
 FL 33131

Mailing Address
 1 S.E. 3RD AVENUE, 15TH FLOOR
 MIAMI FL 33131-1700



DO NOT WRITE IN THIS SPACE

Principal Place of Business
 Suite, Apt. #, etc.
 City & State
 Zip

3. Mailing Address
 Suite, Apt. #, etc.
 City & State
 Zip

4. FEI Number
 65-0801879

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
 NORMAN S. WEIDER, ESQ
 100 S.E. 2ND STREET, SUITE 3910
 MIAMI, FL 33131

7. Name and Address of New Registered Agent
 Name: **TERRENCE A. SCHULTZ**
 Street Address (P.O. Box Number is Not Acceptable): **ONE SE THIRD AVE., 15TH FLOOR**
 City: **MIAMI** FL Zip Code: **33131**

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: *J A Schult* (NOTE: Registered Agent signature required when reinstating) DATE: **5/1/00**

Capital Contributions as Shown on record: **\$25,000.00**

10. Amount of Capital Contributions in FLORIDA to date.

11. MAKE CHECK PAYABLE TO DEPT. OF STATE SEE REVERSE SIDE FOR FEE INFORMATION

A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.

| 12. GENERAL PARTNER INFORMATION | |
|---------------------------------|-------------------------------|
| DOCUMENT # | L97000000838 |
| NAME | HOME MORTGAGE MANAGEMENT, LLC |
| STREET ADDRESS | ONE SE THIRD AVE., 15TH FLOOR |
| CITY - ST - ZIP | MIAMI, FL 33131 |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| DOCUMENT # | |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| 13. ADDRESS CHANGES ONLY | |
|--------------------------|------------------------|
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | 600003287716--3 |
| CITY - ST - ZIP | -06/14/00--01003--030 |
| STREET ADDRESS | ****263.75--****263.75 |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes.

SIGNATURE: *J A Schult* DATE: _____ Daytime Phone #: **305.379.7000**