

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

1/22/

FILED
Feb 13, 2003 8:00 am
Secretary of State

01-22-2003 90126 001 ***150.00

DOCUMENT # L02000024289



1. Entity Name

FLORIDA MORTGAGE BUYERS V LLC

55006405

Principal Place of Business

2604 YARMOUTH DRIVE
WELLINGTON FL 33414
FL

Mailing Address

2604 YARMOUTH DRIVE
WELLINGTON FL 33414
FL

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

Country

4. FEI Number

311-68-4631

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**DERNLAN, SUSAN K
2604 YARMOUTH DRIVE
WELLINGTON FL 33414**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGR	DERNLAN, SUSAN K	2604 YARMOUTH DRIVE	WELLINGTON FL 33414	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Susan K. Dernalan

Date

1/17/03

Daytime Phone #

561-791-7494

CR2E083 (10/02)