

# 2001 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT #** L97000000838

1. Entity Name

HOME MORTGAGE MANAGEMENT, LLC

FILED

01 APR 27 PM 8:23

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

ONE S.E. 3RD AVENUE  
15TH FLOOR  
MIAMI, FL 33131

ONE S.E. 3RD AVENUE  
15TH FLOOR  
MIAMI, FL 33131

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

City & State

4. FEI Number

65-0801871

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

TERRENCE A. SCHULTZ  
ONE S.E. 3RD AVENUE  
15TH FLOOR  
MIAMI, FL 33131

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NO VIII; FEE IS \$50.00  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE: MGRM  Delete  
NAME: TERRENCE A. SCHULTZ  
STREET ADDRESS: ONE S.E. 3RD AVE., 15TH FLOOR  
CITY-ST-ZIP: MIAMI, FL 33131

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE: MGRM  Delete  
NAME: BARRY BRANT  
STREET ADDRESS: ONE S.E. 3RD AVE., 15TH FLOOR  
CITY-ST-ZIP: MIAMI, FL 33131

TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

TITLE:  Delete  
NAME:  Delete  
STREET ADDRESS:  Delete  
CITY-ST-ZIP:  Delete

TITLE:  Change  Addition  
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TITLE:  Change  Addition  
NAME:  Change  Addition  
STREET ADDRESS:  Change  Addition  
CITY-ST-ZIP:  Change  Addition

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:

*Terrence A. Schultz*

4/26/01

305-379-7000

CR2E083 (1/00)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #