

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Apr 17, 2002 8:00 am**  
**Secretary of State**

04-17-2002 90035 003 \*\*\*\*50.00

**DOCUMENT # L97000000838**

1. Entity Name  
**HOME MORTGAGE MANAGEMENT, L.C.**

Principal Place of Business  
**1 SE 3RD AVE., 15TH FLOOR**  
**MIAMI FL 33131**

Mailing Address  
**1 SE 3RD AVE., 15TH FLOOR**  
**MIAMI FL 33131**

2. Principal Place of Business  
**200 S BISCAYNE BLVD**  
 Suite, Apt. #, etc.  
**6TH FLOOR**  
 City & State  
**MIAMI, FL**

3. Mailing Address  
**200 S BISCAYNE BLVD**  
 Suite, Apt. #, etc.  
**6TH FLOOR**  
 City & State  
**MIAMI, FL**



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0801871** Applied For  Not Applicable

5. Certificate of Status Desired  **\$5.00** Additional Fee Required

Zip **33131** Country **USA** Zip **33131** Country **USA**

6. Name and Address of Current Registered Agent  
**SCHULTZ, TERRANCE**  
**1 SE 3RD AVE., 14TH FLOOR**  
**MIAMI FL 33131**

7. Name and Address of New Registered Agent  
 Name **SCHULTZ, TERRANCE**  
 Street Address (P.O. Box Number is Not Acceptable)  
**200 S BISCAYNE BLVD, 6TH FLOOR**  
 City **MIAMI** FL Zip Code **33131**

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 *Monica A. Schult* DATE **4/9/02**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS / MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM</b> <input type="checkbox"/> Delete <b>SCHULTZ, TERRANCE</b> <b>ONE SE THIRD AVE., 14TH FLOOR</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete <b>MGRM</b> <b>BRANT, BARRY</b> <b>ONE SE THIRD AVE., 14TH FLOOR</b> <b>MIAMI FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>MGRM</b> <b>SCHULTZ, TERRANCE</b> <b>200 S BISCAYNE BLVD 6TH FLOOR</b> <b>MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>MGRM</b> <b>BRANT, BARRY</b> <b>200 S BISCAYNE BLVD 6TH FLOOR</b> <b>MIAMI, FL 33131</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Monica A. Schult* DATE **4/8/02** (305) 379-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Daytime Phone #

CR2E083 (9/01)