

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0044902

**DOCUMENT # M01000001078**

1. Entity Name  
**AMERICAN SAFETY MORTGAGE COMPANY, L.L.C.**

03-29-2002 91211 028 \*\*\*\*50.00

Principal Place of Business <b>901 SEMMES AVENUE RICHMOND VA 23224</b>	Mailing Address <b>901 SEMMES AVENUE RICHMOND VA 23224</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>4620 S. Atlantic Ave.</b>	3. Mailing Address <b>901 Semmes Ave.</b>
Suite, Apt. #, etc. <b>( )</b>	Suite, Apt. #, etc. <b>MTG 1815</b>

City & State <b>Ponce Inlet, FL</b>	City & State <b>RICHMOND, VA</b>	4. FEI Number <b>54-2033797</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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Zip <b>32127</b>	Country <b>USA</b>	Zip <b>23224</b>	Country <b>USA</b>	5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required
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6. Name and Address of Current Registered Agent <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525</b>		7. Name and Address of New Registered Agent		
		Name		
		Street Address (P.O. Box Number is Not Acceptable)		
		City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM SUNTRUST MORTGAGE, INC. 901 SEMMES AVENUE RICHMOND VA 23224</b>	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MANAGER Valutree Lender Management, LLC 901 Semmes Avenue RICHMOND, VA 23224</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	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)(l), 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]* **SIGNATURE REQUIRED** **3/15/02 864 291-0957**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (9/01)