## **2003 LIMITED LIABILITY COMPANY** UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # M9500000377



FILED Mar 24, 2003 8:00 am Secretary of State

ARBOR COMMERCIAL MORTGAGE, LLC							0.	<b>3-</b> 24 <b>-</b> 200	13 9001	9 020	5 *****5	0.00
Principal Place 333 EARLE O' UNIONDALE N	VINGTON BLV		Mailing Address 7023 BICKHAM LANE CHARLOTTE NC 28269									
2. Principal F	Place of Busin	ness	3. Mailing Address									
Suite, Apt. #, etc.			Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES						
City & State			City & State		4. FEt Number 11-3246656 Applied For Not Applied				Applied For			
Zip	Zip Country		Zip	Zip Coun		5. Certificate of Status Desire			4 🗆		\$5.00 A Fee Requi	dditional
	6. Name	and Address of Current	Registered Agent			7. Name a	nd Addr	ess of Nev	v Registe	red A	gent	
СТ	CORPORA	TION SYSTEM		Name								
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324					Street Address (I	P.O. Box Num	nber is N	ot Accepta	ble)			
					City					FL	Zip Co	
<ol><li>The above the obligat</li></ol>	named entity tions of regist	y submits this statement fo ered agent.	r the purpose of changing its	registere	ed office or register	ed agent, or b	ooth, in the	he State of	Florida.	am fa	ımiliar with	, and accept
SIGNATURE .	Signature, typed	or printed name of registered agent a	and title if applicable (NOTE	Pagistora	c d Agent signature required	when reinstation				ATE		
	· · ·		<del></del>			when remounting)	ſ			MIE		
			FILE NOW!!! FEE IS \$50.00  Make Check Payable to Florida Department			at of State						
					onda Departinei sy 1, 2003	it or State						
9.		MANAGING MEMBE	•	10.	-, .,			ADDITION	IC (CLIAN	1000		
TITLE	MGR	INDIAVOILAG MICIAIDE	Delete	TITLE	:			ADDITION	IS/CHAN		☐ Change	Addition
NAME	l	MANAGEMENT, LLC	□ peiere	NAMI	1						□ Change	Addition
STREET ADDRESS			ST		ET ADDRESS							
CITY-ST-ZIP	UNIONDA	LE NY 11553		CITY-	-ST-ZIP							
TITLE			☐ Delete	TITLE							☐ Change	☐ Addition
NAME				NAME								
STREET ADDRESS CITY-ST-ZIP					ET ADDRESS -ST-ZIP							
TITLE NAME			☐ Delete	TITLE		er independing		\1 \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	ros romens :	سسخت حد ن	Change	☐ Addition
STREET ADDRESS					ET ADDRESS							
CITY-ST-ZIP					ST-ZIP							-
TITLE		<del></del>	☐ Delete	TITLE							☐ Change	Addition
NAME				NAME	:		•				_ •	_
STREET ADDRESS			•		ET ADDRESS							
CITY-ST-ZIP				+	ST-ZIP							
TITLE NAME			☐ Delete	TITLE	l l					ļ	☐ Change	Addition
STREET ADDRESS				NAME	: Et address							
CITY-ST-ZIP					ST-ZIP							'
TITLE			☐ Delete	TITLE							Change	☐ Addition
NAME				NAME						Ĭ		_
STREET ADDRESS CITY-ST-ZIP					T ADDRESS							}
	ertify that the	information supplied with	this filing does not qualify for	_I	ST-ZIP	tion 110 07/0	Vil Ci- '	da Crati	16		- al	
	or nory will the title	A TOTAL GUDDING WILL	ans minu ques noi duality iof i	ше ехеп	oonou stated in Sec	രണ വഴവഗദ	uu Hori	ria Statutac	· inurtha	CONTIF	u that thai	prormotion

Indicated on this report is true and acceptable with this mining does not quality for the exemption stated in Section 119.07(3)(1), Florida Statutes. Floriner certify that me informatic indicated on this report is true and acceptable 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 must be empowered to execute this report as required by Chapter 608, Florida Statutes.

**SIGNATURE:** 

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

3-10-03 516 832-7405