

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M96000000211**

1. Entity Name

MUNICIPAL MORTGAGE & EQUITY, LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business

PARK CHARLES BUILDING  
218 N. CHARLES STREET, SUITE 500  
BALTIMORE MD 21201

Mailing Address

PARK CHARLES BUILDING  
218 N. CHARLES STREET, SUITE 500  
BALTIMORE MD 21201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1449733

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired



**\$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE



*[Handwritten signature]*

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating.)

DATE

**FILE NOW!!! FEE IS \$50.00**  
Make Check Payable to Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME MGR  
STREET ADDRESS MME I CORPORATION  
CITY-ST-ZIP 218 N. CHARLES STREET, SUITE 500  
BALTIMORE MD 21201

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME MGR  
STREET ADDRESS HOBBS, THOMAS R  
CITY-ST-ZIP 218 N. CHARLES STREET, SUITE 500  
BALTIMORE MD 21201

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME MGR  
STREET ADDRESS JOSEPH, MARK K  
CITY-ST-ZIP 218 N. CHARLES STREET, SUITE 500  
BALTIMORE MD 21201

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME MGR  
STREET ADDRESS FALCONE, MICHAEL L  
CITY-ST-ZIP 218 N. CHARLES STREET, SUITE 500  
BALTIMORE MD 21201

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME MGR  
STREET ADDRESS MENTESANA, GARY A  
CITY-ST-ZIP 218 N. CHARLES STREET, SUITE 500  
BALTIMORE MD 21201

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME MGR  
STREET ADDRESS COLE, EARL W III  
CITY-ST-ZIP 218 N. CHARLES STREET, SUITE 500  
BALTIMORE MD 21201

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 OR MANAGER

9-18-00 410-962-8044  
Date Daytime Phone #

CF2E083 (5/00)