

# 2001 UNIFORM BUSINESS REPORT (UBR)

0027320 AF

**DOCUMENT # M96000000211**

1. Entity Name  
**MUNICIPAL MORTGAGE & EQUITY, LLC**

**FILED**

01 FEB -5 AM 11:14

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



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  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

3. Mailing Address  
 Suite, Apt. #, etc.  
 City & State  
 Zip Country

4. FEI Number **52-1449733** Applied For  
 Not Applicable

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

DO NOT WRITE IN THIS SPACE

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

**000003675140--2**  
**-02/12/01--01146--003**  
**\*\*\*\*110.00 \*\*\*\*\*55.00**

9. MANAGING MEMBERS/MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MME I CORPORATION 218 N. CHARLES STREET, SUITE 500 BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR HOBBS, THOMAS R 218 N. CHARLES STREET, SUITE 500 BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR JOSEPH, MARK K. 218 N. CHARLES STREET, SUITE 500 BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR FALCONE, MICHAEL L 218 N. CHARLES STREET, SUITE 500 BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR MENTESANA, GARY A 218 N. CHARLES STREET, SUITE 500 BALTIMORE MD 21201</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR COLE, EARL W III 218 N. CHARLES STREET, SUITE 500 BALTIMORE MD 21201</b> <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES

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
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: [Signature] **SIGNATURE REQUIRED** Date: 1/23/2001 Daytime Phone # \_\_\_\_\_

CR2E083 (1/1/00)