AMENDED

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

09-05-2002 90041 020 ****50.00
L01000021853

DOCUMENT # L01000021853

1. Entity Name

DOWN PAYMENT ASSISTANCE PROGRAM, LLC

L01000021853

DO NOT WRITE IN THIS SPACE

FILED
02 OCT 10 PM 3:43
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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2. Principal Place of Business	3. Mailing Address
1806 SOUND HAMMOCK	THE TOWRY COMPANY
Suite, Apt. #, etc.	Suite, Apt. #, etc. 59396 E 288 CT
City & State NAVARRE FL	City & State GROVE OK
Zip 32566 Country	Zip 74344 Country DELAWARE

4. FEI Number 68-0495124 ☐ Applied For ☐ Not Applicable

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

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7. Name and Address of Current Registered Agent

Name KEN TOWRY

Street Address (P.O. Box Number is Not Acceptable) 1806 SOUND HAMMOCK

City NAVARRE FL Zip Code 32566

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGMR
NAME	KEN TOWRY
STREET ADDRESS	1806 SOUND HAMMOCK
CITY-ST-ZIP	NAVARRE FL 32566
TITLE	MGMR
NAME	GAYLE E. TOWRY
STREET ADDRESS	59396 E 288 CT
CITY-ST-ZIP	GROVE OK 74344
TITLE	MGMR
NAME	DELORES J. LOFTIN
STREET ADDRESS	59396 E 288 CT
CITY-ST-ZIP	GROVE OK 74344
TITLE	
NAME	
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AMENDED 2002 UBR

CR2E083B (12/01)

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: Delores J. Loftin Delores J. Loftin 8-26-02 918-787-5837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #