

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # **A97000001140**

1. Entity Name

2640 MARION MORTGAGE HOLDINGS LTD.

FILED

02 MAR -5 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

**700 SOUTH OCEAN BOULEVARD
1773 WILTSHIRE VILLAGE DRIVE
WELLINGTON FL 33414**

Mailing Address

**700 SOUTH OCEAN BOULEVARD
1773 WILTSHIRE VILLAGE DRIVE
WELLINGTON FL 33414**

2. Principal Place of Business

3. Mailing Address

1773 WILTSHIRE VILLAGE DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2002

City & State

City & State

WELLINGTON FL

4. FEI Number

65-0763823

Applied For

Not Applicable

Zip

Country

Zip

Country

33414

USA

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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.

DATE

9. Capital Contributions
as Shown on record.

\$380,000.00

10. Amount of Capital Contributions
in FLORIDA to date.

380,000.00

11. MAKE CHECK PAYABLE TO DEPT. OF STATE
SEE REVERSE SIDE FOR FEE INFORMATION

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

13. ADDRESS CHANGES ONLY

DOCUMENT # **M97000000285**
NAME **2640 MARION MORTGAGE LLC**
STREET ADDRESS **1773 WILTSHIRE VILLAGE DRIVE**
CITY-ST-ZIP **WELLINGTON FL 33414**

STREET ADDRESS

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CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

MICHAEL SHERRY

914 793-1793 X22

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

001825 AT

CR2E003 (9/01)

STAPLE CHECK HERE