

**2003 LIMITED PARTNERSHIP
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # **A97000001140**

1. Entity Name
2640 MARION MORTGAGE HOLDINGS LTD.



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

03 FEB 17 PM 4:17

2/19

Principal Place of Business
**1773 WILSHIRE VILLAGE DRIVE
WELLINGTON FL 33414**

Mailing Address
**1773 WILSHIRE VILLAGE DRIVE
WELLINGTON FL 33414**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DUE BY MAY 1, 2003

City & State

City & State

4. FEI Number **65-0763823**

Applied For

Zip

Country

Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Name and Address of Current 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. I am familiar with, and accept the obligations of registered agent.

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 FL. 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 #	M9700000285	STREET ADDRESS	
NAME	2640 MARION MORTGAGE LLC	CITY-ST-ZIP	
STREET ADDRESS	1773 WILSHIRE VILLAGE DRIVE		
CITY-ST-ZIP	WELLINGTON FL 33414		

DOCUMENT #		STREET ADDRESS	
NAME		CITY-ST-ZIP	9000012593419
STREET ADDRESS			02/17/03--01051--004 **535.00
CITY-ST-ZIP			

DOCUMENT #		STREET ADDRESS	
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STREET ADDRESS			
CITY-ST-ZIP			

14. I hereby certify that the information supplied with this filing does not qualify for the exemption set indicated on this report is true and accurate and that my signature shall have the same legal effect as the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statute

Michael Sherry February 11, 2002 (914) 793-1793 X22

SIGNATURE:  **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone