2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L0000001317

Country

200 E. NEW ENGLAND AVE., #200

INTERLACHEN COMMERCIAL MORTGAGE COMPANY, LLC

Principal Place of Business

2. Principal Place of Business

BODE, C. BAXTER

MEM

Suite, Apt. #, etc.

City & State

Zip

TITLE

Mailing Address

200 E. NEW ENGLAND AVE., #200 WINTER PARK FL 32789

P.O. BOX 1916

3. Mailing Address

City & State

Zip

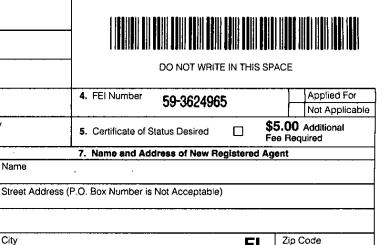
Suite, Apt. #, etc.

☐ Delete

WINTER PARK FL 32790

FILED Apr 22, 2002 8:00 am Secretary of State

04-22-2002 90161 021 ****50.00



ADDITIONS/CHANGES

Change

Addition

WINTER PARK FL 32789

MANAGING MEMBERS/MANAGERS

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

6. Name and Address of Current Registered Agent

8. Th	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 Fiorida.							
SIGN	ATURE							
	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 Due By May 1, 2002

City

Country

NAME STREET ADDRESS CITY-ST-ZIP	BODE, C. BAXTER 200 E. NEW ENGLAND AVE., #200 WINTER PARK FL 32789	NAME STREET ADDRESS CITY-ST-ZIP		C COCTO
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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 trusted empressed to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

NAME STREET ADDRESS

CITY-ST-ZIP

MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #