

2002 UNIFORM BUSINESS REPORT (UBR)**FILED**
Apr 01, 2002 8:00 am
Secretary of State

04-01-2002 90727 011 ****55.00

0010494

DOCUMENT # L00000004108

1. Entity Name

MORTGAGE SERVICES, L.L.C.

Principal Place of Business

**12651 S. DIXIE HIGHWAY, SUITE 405
MIAMI FL 33156**

Mailing Address

**12651 S. DIXIE HIGHWAY, SUITE 405
MIAMI FL 33156****80054640**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

65-1002167

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired

**\$5.00 Additional
Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**RUSSELL, MAC
12651 S. DIXIE HIGHWAY, SUITE 405
MIAMI FL 33156**

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.

(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**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MGRM	RUSSELL, MAC	12651 S. DIXIE HIGHWAY, SUITE 405	MIAMI FL 33156	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
	MGR	POOLE, JEANETTE I	12651 S. DIXIE HIGHWAY, SUITE 405	MIAMI FL 33156	<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
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				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>

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:**MAC RUSSELL****3/20/02 305-251-5101**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (9/01)