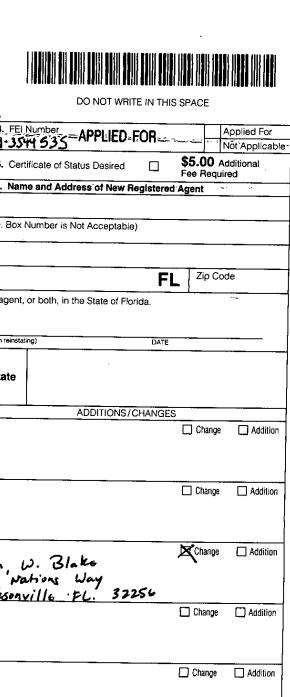
FILED 2002 UNIFORM BUSINESS REPORT (UBR) Apr 30, 2002 8:00 am Secretary of State DOCUMENT # L0000011713 1. Entity Name 04-30-2002 90116 025 ****50.00 HOMEALLIANCE MORTGAGE COMPANY LLC Principal Place of Business Mailing Address 8100 NATIONS WAY 6100 NATIONS WAY JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State -City & State 4. FEI Number Applied For z=APPLIED=FOR= Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent VANE, TERENCE G JR. Street Address (P.O. Box Number is Not Acceptable) 8100 NATIONS WAY JACKSONVILLE FL 32256 City 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 □ Delete TITLE Change ☐ Addition NAME CLEMENTS, ROBERT M NAME STREET ADDRESS 8100 NATIONS WAY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME VANE, TERENCE GUR NAME STREET ADDRESS 8100 NATIONS WAY STREET ADDRESS CITY-ST-ZIP JACKSONVILLE FL 32256 CITY-ST-7IP TITLE Delete TITLE ٧s Change ☐ Addition Wilson W. Blake 2100 Wations Way NAME MATHESON, STEPHEN B NAME STREET ADDRESS 8100 NATIONS WAY STREET ADDRESS CITY-ST-ZIP Jacksonville fl 32256 CITY-ST-ZIP 32256 Tacksonville FL. TITLE ☐ Delete



☐ Change

☐ Addition

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.

TITLE

TITLE

NAME

TITLE

NAME

☐ Delete

Delete

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS City-ST-7IP

CITY-ST-ZIP

CITY-ST-ZIP

NAME STREET ADDRESS

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

M. Clements