

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 29, 2004 8:00 am
Secretary of State

04-29-2004 90063 005 ****50.00

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1. Entity Name
CAPSTONE MORTGAGE FUNDING, L.L.C.



Principal Place of Business
**4532 US HIGHWAY 19, 2ND FLOOR
NEW PORT RICHEY, FL 34652**

Mailing Address
**3232 NEWMARK DRIVE
MIAMISBURG, OH 45342**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

03042004

Chg-LLC

CR2E083 (10/03)

4. FEI Number

59-3728252

Applied For

Not Applicable

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

**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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

TITLE MGRM ☐ Delete
NAME WALTER, JOHN D
STREET ADDRESS 3232 NEWMARK DRIVE
CITY-ST-ZIP MIAMISBURG, OH 45342

TITLE MGR ☐ Delete
NAME CRUMBLEY, ALLEN S
STREET ADDRESS 4532 US HIGHWAY 19, 2ND FLOOR
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE MGR ☐ Delete
NAME MITCHELL, D. DEWEY
STREET ADDRESS 4532 US HIGHWAY 19, 2ND FLOOR
CITY-ST-ZIP NEW PORT RICHEY, FL 34652

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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:

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

04/28/2004 (937) 910-4373

Date

Daytime Phone #

John D. Walter, VP of NCMC, Managing Member