

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

FILED
Mar 25, 2003 8:00 am
Secretary of State

03-25-2003 90052 042 ****50.00

DOCUMENT # L00000012782

1. Entity Name

HOVDE FINANCIAL LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1801 N. Flagler Drive

3. Mailing Address
1826 Jefferson Place, NW

Suite, Apt. #, etc.
Suite 207

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
West Palm Beach, Florida

City & State
Washington, D.C.

4. FEI Number 58-2579881

Applied For
Not Applicable

Zip
33407

Country
USA

Zip
20036

Country
USA

5. Certificate of Status Desired ☐ \$5.00 Additional
Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Nickolas J. Barbarine

Street Address (P.O. Box Number is Not Acceptable)

1801 N. Flagler Drive, Suite 207

City West Palm Beach

FL

Zip Code
33407

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.

3/19/03
DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
Steven D. Hovde
1629 Colonial Parkway
Inverness, Illinois 60067
MGR

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

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**DO NOT WRITE
IN THIS SPACE**

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:

Richard J. Perry, Jr.

03/19/03

202-775-8109

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

Date

Daytime Phone #

CR2E083B (12/02)