

# 2001 UNIFORM BUSINESS REPORT (UBR)

0004569 AF

DOCUMENT # L00000013936

Ref: UBR (x-js) xl

1. Entity Name  
CAMBRIDGE MORTGAGE COMPANY, L.L.C.

FILED

01 MAR 15 PM 8:35

Principal Place of Business  
242 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS FL 32714

Mailing Address  
242 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS FL 32714

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



2. Principal Place of Business  
600 S. NORTH LAKE BLVD

3. Mailing Address  
600 S. NORTH LAKE BLVD

Suite, Apt. #, etc.

Suite, Apt. #, etc.

SUITE-230

SUITE-230

City & State  
ALTAMONTE SPRINGS, FL

City & State  
ALTAMONTE SPRINGS, FL

4. FEI Number  
59-3681169

Applied For  
Not Applicable

Zip  
32701

Country

Zip  
32701

Country

5. Certificate of Status Desired

\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

STEAKLEY, JERRY  
242 N. WESTMONTE DRIVE  
ALTAMONTE SPRINGS FL 32714

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)

VERIFICATION REQUIRED BY 05/01/01  
SINCE WE HAVE NO DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

500003888485--9  
-03/20/01--01081--002  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

Change

Addition

TITLE NAME  
STREET ADDRESS  
CITY-ST-ZIP

Delete

TITLE NAME  
STREET ADDRESS  
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Delete

TITLE NAME  
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CITY-ST-ZIP

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.

JERRY STEAKLEY, ASST. SECRETARY

03-12-01 407-865-9600

SIGNATURE:

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

Date

Daytime Phone #

CR2E083 (11/00)