

2001 UNIFORM BUSINESS REPORT (UBR)

UBR 001 AT

DOCUMENT # L00000014816

FILED

01 APR 12 AM 9:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1. Entity Name
GREATER HOME FUNDING, LLC



DO NOT WRITE IN THIS SPACE

Principal Place of Business
3757 CHARLESTON LOOP
OVIEDO FL 32765

Mailing Address
3757 CHARLESTON LOOP
OVIEDO FL 32765

2. Principal Place of Business
1105 KENSINGTON PARK DRIVE
Suite, Apt. #, etc.

3. Mailing Address
555 WINDERLEY PLACE
Suite, Apt. #, etc.
#114

City & State
ALTAMONTE SPRING, FLORIDA

City & State
MAITLAND, FLORIDA

Zip
32714

Country
US

Zip
32751

Country
US

4. FEI Number
52-2286586

Applied For
 Not Applicable

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

6. Name and Address of Current Registered Agent
MORTGAGE DIRECT VENTURES LLC
3757 CHARLESTON LOOP
OVIEDO FL 32765

7. Name and Address of New Registered Agent
Name
MORTGAGE DIRECT VENTURES, LLC
Street Address (P.O. Box Number is Not Acceptable)
555 WINDERLEY PLACE
City
MAITLAND FL. FL Zip Code
32751

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

9. MANAGING MEMBERS/MEMBERS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MORTGAGE DIRECT VENTURES LLC 3757 CHARLESTON LOOP OVIEDO FL 32765	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	555 WINDERLEY PLACE #114 MAITLAND, FL. 32751	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	200004037282--1 -04/20/01--01138--006 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE: *Tawn L. Kelley* **TAWN L. KELLEY** 4/4/01 407 838-3000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)