

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000005522

FILED
May 01, 2002 8:00 AM
Secretary of State

Entity Name: DREAM MAKER MORTGAGE, LLC

Current Principal Place of Business:

4513 BENTLEY TRACE LANE NORTH
JACKSONVILLE, FL 32257

New Principal Place of Business:

1461 OTOES PLACE
JACKSONVILLE, FL 32259

Current Mailing Address:

4513 BENTLEY TRACE LANE NORTH
JACKSONVILLE, FL 32257

New Mailing Address:

1461 OTOES PLACE
JACKSONVILLE, FL 32259

FEI Number: 59-3710300

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LINDELL, J. MICHAEL ESQ.
12276 SAN JOSE BOULEVARD, SUITE 126
JACKSONVILLE, FL 32223 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DODDS, CRAIG W
Address: 9009 GOSHEN VALLEY DRIVE
City-St-Zip: GAITHERSBURG, MD 20882

Title: MGRM () Delete
Name: DODDS, DIXIE J
Address: 9009 GOSHEN VALLEY DRIVE
City-St-Zip: GAITHERSBURG, MD 20882

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: DODDS, CRAIG W
Address: 1461 OTOES PLACE
City-St-Zip: JACKSONVILLE, FL 32259

Title: MGRM (X) Change () Addition
Name: DODDS, DIXIE J
Address: 1461 OTOES PLACE
City-St-Zip: JACKSONVILLE, FL 32259

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: CRAIG W. DODDS

OWNR

05/01/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date