

**2002 UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 16, 2002 8:00 am**  
**Secretary of State**

01-16-2002 90290 004 \*\*\*\*55.00

**DOCUMENT # L01000006945**

1. Entity Name  
**ALAMAR MORTGAGE AND FINANCIAL SERVICES, L.L.C.**

Principal Place of Business      Mailing Address  
**1225 SALT CREEK DR.**      **1225 SALT CREEK DR.**  
**PONTE VEDRA BEACH FL 32082**      **PONTE VEDRA BEACH FL 32082**

**906893**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business      3. Mailing Address  
**1855 Wells Rd.**      **1225 Salt Creek Isl. Dr.**  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
**Suite 1**  
 City & State      City & State  
**Orange Park, FL**  
 Zip      Country      Zip      Country  
**32073**      **US**

4. FEI Number      Applied For  
**59-3719402**      Not Applicable  
 5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**GLAZIER & GLAZIER, P.A.**  
**8225 PERIMETER PARK BLVD., STE. 504**  
**JACKSONVILLE FL 32216**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ 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**  
**Due By May 1, 2002**

**9. MANAGING MEMBERS/MANAGERS**

**10. ADDITIONS/CHANGES**

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM BROOKE DARBY BISHOP 1225 SALT CREEK ISL. DR. PONTE VEDRA, FL 32082	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
		MGRM MICHAEL D. CRAWFORD 769 CHERRY GROVE RD. ORANGE PARK, FL 32073	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<input type="checkbox"/> Change <input type="checkbox"/> Addition
			<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)(l), 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: BUSBY DARBISHOP      1-14-02      904-982-7213  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (9/01)