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SECRETARY OF STATE
TALLAHASSEE FLORIDA

MJH

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018109

1. Entity Name
LEXINGTON HOME MORTGAGE, LLC

Principal Place of Business	Mailing Address
2431 ALOMA AVENUE SUITE 100 WINTER PARK, FL 32792	1100 S. ORLANDO AVENUE APT. 504 MAITLAND, FL 32751

2. Principal Place of Business	3. Mailing Address
1017 E. SOUTH ST Suite, Apt. #, etc.	1131 DELANEY AVE Suite, Apt. #, etc.
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32801 Country: USA	Zip: 32806 Country: USA

4/9 ☑ CHECK HERE IF MAKING CHANGES

4. FEI Number: 52-2350904 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

DEVARY, BEN B
1100 S. ORLANDO AVE.
APT. 504
MAITLAND, FL 32751

7. Name and Address of New Registered Agent

Name: BEN B. DEVARY
Street Address (P.O. Box Number Is Not Acceptable): 1131 DELANEY AVENUE
City: ORLANDO FL Zip Code: 32806

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: _____ 4/7/03
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR DEVARY, BEN B 1100 S. ORLANDO AVENUE #504 MAITLAND, FL 32761	☐ Delete	MGR BEN B. DEVARY 1131 DELANEY AVE ORLANDO, FL 32806	☑ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition
		☐ Delete		☐ Change ☐ Addition

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04/09/03--01025--016 **50.00

CR2E083 (1/02)

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 606, Florida Statutes.

SIGNATURE: _____ 4/7/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date

409 398-0399
Daytime Phone #