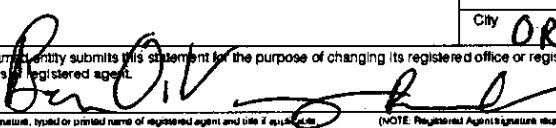
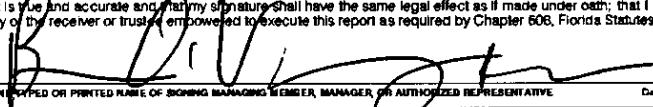


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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  |                                                                                                                                                                                                              |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>DOCUMENT # L01000018109</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  |                                                                                                                             |  |
| 1. Entity Name<br><b>LEXINGTON HOME MORTGAGE, LLC</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                              |  |
| Principal Place of Business<br><b>2431 ALOMA AVENUE<br/>SUITE 100<br/>WINTER PARK, FL 32792</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | Mailing Address<br><b>1100 S. ORLANDO AVENUE<br/>APT. 504<br/>MAITLAND, FL 32751</b>                                                                                                                         |  |
| 2. Principal Place of Business<br><b>1017 E. SOUTH ST</b><br>Suite, Apt. #, etc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |  | 3. Mailing Address<br><b>1131 DELANEY AVE</b><br>Suite, Apt. #, etc.                                                                                                                                         |  |
| City, State<br><b>Orlando, Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  | City, State<br><b>Orlando, Florida</b>                                                                                                                                                                       |  |
| Zip<br><b>32801</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  | Zip<br><b>32806</b>                                                                                                                                                                                          |  |
| Country<br><b>USA</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | Country<br><b>USA</b>                                                                                                                                                                                        |  |
| 4. FEI Number<br><b>52-2350904</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  | Applied For<br><input type="checkbox"/> Not Applicable                                                                                                                                                       |  |
| 5. Certificate of Status Desired<br><input type="checkbox"/> \$5.00 Additional Fee Required                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |                                                                                                                                                                                                              |  |
| 6. Name and Address of Current Registered Agent<br><b>DEVARY, BEN B<br/>1100 S. ORLANDO AVE.<br/>APT. 504<br/>MAITLAND, FL 32751</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |  | 7. Name and Address of New Registered Agent<br>Name <b>BEN B. DEVARY</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1131 DELANEY AVENUE</b><br>City <b>Orlando</b> FL Zip Code <b>32806</b> |  |
| 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.<br>SIGNATURE  DATE <b>4/7/03</b><br><small>(NOTE: Registered Agent's signature required when instituting)</small>                                                                                                                                                                                                                                                                                                                         |  |                                                                                                                                                                                                              |  |
| FILE NOW!!! FEE IS \$50.00<br>Make Check Payable to Florida Department of State<br>Due By May 1, 2003                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |                                                                                                                                                                                                              |  |
| 9. MANAGING MEMBERS / MANAGERS                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | 10. ADDITIONS/CHANGES                                                                                                                                                                                        |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>MGR<br/>DEVARY, BEN B<br/>1100 S. ORLANDO AVENUE #504<br/>MAITLAND, FL 32751</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP<br><b>MGR<br/>BEN B. DEVARY<br/>1131 DELANEY AVE<br/>ORLANDO, FL 32806</b>                                                                                    |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               |  |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |  | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP                                                                                                                                                               |  |
| 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.<br>SIGNATURE:  DATE <b>4/7/03</b><br><small>SIGNATURE, PRINTED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> |  |                                                                                                                                                                                                              |  |

MJH

CR2E083 (10/02)

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