

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

FILED
May 07, 2002 8:00 am
Secretary of State

05-07-2002 90384 003 ****50.00

DOCUMENT #

L01000020903

1. Entity Name

BANKATLANTIC MORTGAGE, LLC

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1750 East Sunrise Blvd.

Suite, Apt. #, etc.

3. Mailing Address

1750 East Sunrise Blvd.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Fort Lauderdale, FL

City & State
Fort Lauderdale, FL

4. FEI Number
65-0294586

Applied For
Not Applicable

Zip
33304

Country

Zip
33304

Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

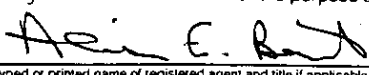
Name
Alissa E. Ballot

Street Address (P.O. Box Number is Not Acceptable)

1750 East Sunrise Blvd.

City Fort Lauderdale, FL Zip Code
33304

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  Signature, typed or printed name of registered agent and title if applicable.

Alissa E. Ballot

4/17/02
DATE

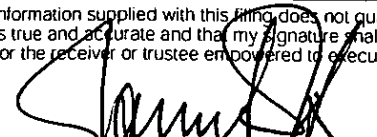
FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP
MGR	Alan Levan	1750 East Sunrise Blvd.	Fort Lauderdale, FL 33304
MGR	James White	1750 East Sunrise Blvd.	Fort Lauderdale, FL 33304

**DO NOT WRITE
IN THIS SPACE**

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:  James White, Manager 4/22/02 954-760-5301

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)