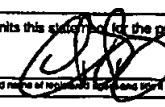
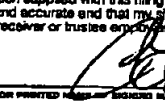


FILED
Jul 02, 2002 8:00 am
Secretary of State

04-22-2002 90235 007 ****50.00

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

DOCUMENT # L010Q0021334			
1. Entity Name INTERLACHEN RESIDENTIAL MORTGAGE COMPANY, LLC			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 200E New England Ave Suits, Apt. #, etc. 200		3. Mailing Address PO Box 1916 Suits, Apt. #, etc.	
City & State Winter Park, FL		City & State Winter Park, FL	
Zip 32789	Country USA	Zip 32790	Country USA
4. FEI Number 31-3624965		Applied For Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
7. Name and Address of Current Registered Agent			
Name C. Baxter Bode			
Street Address (P.O. Box Number is Not Acceptable) 200E New England Ave #200			
City Winter Park			
FL Zip Code 32789			
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  4/2/02 Signature, typed or printed name of registered agent and state applicable.			
FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1			
9. MANAGING MEMBERS/MANAGERS			
TITLE Member	NAME C. Baxter Bode	TITLE	NAME
STREET ADDRESS 1157 Tom Curney Dr.	STREET ADDRESS Winter Park, FL 32790	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE Member	NAME Daniel N. Hovins	TITLE	NAME
STREET ADDRESS PO Box 1916	STREET ADDRESS Winter Park, FL 32790	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE	NAME	TITLE	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	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)(b), 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:  SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT, MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE			
Date Daytime Phone #			