

AMENDED
LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

09-05-2002 90041 020 ****50.00
L01000021853

DOCUMENT # L01000021853

1. Entity Name

DOWN PAYMENT ASSISTANCE PROGRAM, LLC

L01000021853
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FILED

02 OCT 10 PM 3:43

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business
1806 SOUND HAMMOCK

3. Mailing Address
THE TOWRY COMPANY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

59396 E 288 CT

DO NOT WRITE IN THIS SPACE

City & State
NAVARRE FL

City & State
GROVE OK

4. FEI Number
68-0495124

Applied For
Not Applicable

Zip
32566

Country

Zip
74344

Country
DELAWARE

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
KEN TOWRY

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

1806 SOUND HAMMOCK

City
NAVARRE

FL

Zip Code
32566

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.

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
MGMR
KEN TOWRY
1806 SOUND HAMMOCK
NAVARRE FL 32566

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGMR
GAYLE E. TOWRY
59396 E 288 CT
GROVE OK 74344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGMR
DELORES J. LOFTIN
59396 E 288 CT
GROVE OK 74344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

AMENDED
2002 UBR

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**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: *Delores J. Loftin*

Delores J. Loftin 8-26-02 918-787-5837

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

Date

Daytime Phone #

CR2E083B (12/01)