

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

FILED
Apr 09, 2003 8:00 am
Secretary of State

04-09-2003 90045 004 ****50.00

DOCUMENT # L01000021853 (2002)

1. Entity Name

DOWN PAYMENT ASSISTANCE PROGRAM
LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1806 SOUND HAMMOCK

Suite, Apt. #, etc.

3. Mailing Address % J L TOWRY CO.

59396 E 288 CT

Suite, Apt. #, etc.

City & State

NAVARRE FL

City & State

GROVE OK

4. FEI Number

68-0495124

Applied For

Not Applicable

Zip

32566

Country

SANTA ROSA ?

Zip

74344

Country

DELAWARE

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

KENNETH L. TOWRY

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

1806 SOUND HAMMOCK

City

NAVARRE

FL

Zip Code

32566

**DO NOT WRITE
IN THIS SPACE**

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

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

DATE

FEE IS \$50.00

Make Check Payable to Florida Department of State

DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
GAYLE E. TOWRY
59396 E. 288 CT
GROVE OK 74344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

MGR
DELORES J. LOFTIN
59396 E. 288 CT
GROVE OK 74344

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

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

4-7-2003

Date

918-787-5837

Daytime Phone #

CR2E083B (12/02)