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Apr 30, 2003 8:00 am
Secretary of State
04-30-2003 90193 023 ****50.00

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000010841

1. Entity Name
SUN COAST MORTGAGE, LLC

Principal Place of Business	Mailing Address
54 KASHMIR TRAIL PALM COAST, FL 32164	54 KASHMIR TRAIL PALM COAST, FL 32164

2. Principal Place of Business		3. Mailing Address	
3 Cypress Way		3 Cypress Way	
Suite, Apt. #, etc. Ste 102		Suite, Apt. #, etc. Ste 102	
City & State Palm Coast FL		City & State Palm Coast FL	
Zip 32137	Country US	Zip 32137	Country U.S

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 71-0884335 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
GRABOWSKI, BRIAN 54 KASHMIR TRAIL PALM COAST, FL 32164	Name: Brian Grabowski Street Address (P.O. Box Number is Not Acceptable): 3 Cypress Way Ste 102 City: Palm Coast FL Zip Code 32137

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 X [signature] Brian Grabowski, MGR 4/28/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

[redacted]

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR GRABOWSKI, BRIAN 64 KASHMIR TRAIL PALM COAST, FL 32164	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition

CR2E083 (10/02)

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: X [signature] 4/28/03 386-447-9200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #