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

## FILED Jan 29, 2003 8:00 am Secretary of State 01-10-2003 90006 032 \*\*\*\*50.00

1. Entity Nam	MENT # LO20000 PARK MORTGAGE "LLC"	11874									
Principal Place of Business		Mailing Address	Mailing Address								
		124 E. WELBOURNE #6 WINTER PARK FL 32789				118614		Olice de Pila de Piero piero	 	s ni as No (e Do	
2. Principal Place of Business 3. Mailing Add			ing Address								
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.				CHECK HE	RE IF MAKING	CHANGES		
City & State		City & State	City & State			4. FEI Number Applied For Not Applicable					3
Zip Country		Zip	Zip Country			5. Certificate of Status Desired S5.00 Add Fee Required					
	8. Name and Address of Current	Registered Agent		Nime		7. Name a	nd Address of Nev		gent		7
BUKOVAC, JOSEPH P			<u>:_</u>	Name ANDICW L. Swongon							
332 N PHELPS AVE				Street Add	Street Address (P.O. Box Number is Not Acceptable)						
WINTER PARK FL 32789					v.c	< 11/	e Iboorni	A116	#1-		1 1
				City		2. 10	t I De Carro	F)		e	1
O. The charge	named entity submits this statement for			Wil	ΥZ	ER PA	B K	FL.	Zp Cod 327		4 {
the obligat	ions of registered agent.			SWA			oom, in the State of	01/06	,	and accept	
SIGNATURE .	Signature, typed or printed name of registration agent	and title if applicable (NOT	E: Registere	d Agent signature	equired	when reinstalling)		DATE			]
		Make Check Payab	le to Fl	FEE IS \$50 orida Depa ay 1, 2003		it of State				·	
9.	MANAGING MEMBI		10.				ADDITION	IS/CHANGES			
TITLE NAME STREET ADDRESS	AMOREN R. SMANSON	☐ (Delete	TITLE NAM STRE	l l					☐ Change	Addition	CR2E083 (10/02)
CITY-ST-ZIP P. O. BOX 2744 WINTER PARK, FI. 37		32790		-ST-ZIP							8
TITLE NAME	PRATHER TOE BUKOVAC	☐ Delete	17TLE NAM			•			☐ Change	Addition	<u>8</u>
STREET ADORESS CITY-ST-ZIP	-332 N. PHETESAVE	er. 32 789		ET ADDRESS ST-ZIP			·	به در <del>در در د</del>	<b></b> . →	±=',	-
TITLE NAME	MAN PHAN AN	☐ Delete	. TITLE NAMI	· .		,			☐ Change	☐ Addition	
STREET ADDRESS CITY-ST-ZIP	A A A - 4371 /	nk fl 32790		FT ADDRESS -ST-ZIP							1
TITLE	TOWN WITHMAN	☐ Delete	TITLE			· · · · · · · · · · · · · · · · · · ·			Change	Addition	
NAME COREST ADDRESS	PAN I. Welbor	rne Ave	NAM	ET ADDRESS							1
STREET ADDRESS CITY-ST-ZIP	WINTER PART	·, F1. 32789 :		-ST-ZIP							}
TITLE .		☐ Delete	TITLE	II.			<del>,</del>		Change	Addition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP		•					
TITLE		☐ Delete	TITLE				<del></del> -	1	Change	☐ Addition	
NAME STREET ADDRESS CITY-ST-ZIP				ET ADDRESS ST-ZIP							
11. I hereby c	ertify that the information supplied with on this report is true and accurate and oillify company or the receiver or trusted	this like the sneethy for this like of sneethy for sneethy for sneethy for the	the exer	nption stated	in Sec s if ma hapte	tion 119.07(3 ide under oat r 608, Florida	(i), Florida Statutes h; that I am a man Statutes.	s. I further certification member	y that the in or manager	formation of the	
SIGNAT		UPS DESCRIPTION OF SCHOOL STATES AND SCHOOL SCHOOL STATES AND SCHOOL SCHOOL STATES AND SCHOOL SCH		anson	gesen	TATIVE	01/0	6/02	(407)	62200	//