



# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

4/25/2003-90754-034-\$50.00-\$50.00

005395

<b>DOCUMENT # L02000014806</b> 1. Entity Name <b>EVEREST MORTGAGE LLC</b>						<b>FILED</b> <b>03 JUL 21 AM 11:15</b> <b>SECRETARY OF STATE</b> <b>TALLAHASSEE, FLORIDA</b>	
Principal Place of Business <b>12425 NW 54TH CT</b> <b>CORAL SPRINGS FL 33076</b>				Mailing Address <b>P.O. BOX 770324</b> <b>CORAL SPRINGS FL 33077</b>			
2. Principal Place of Business		3. Mailing Address		 <input type="checkbox"/> CHECK HERE IF MAKING CHANGES			
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip		Country					
4. FEL Number <b>82054 9133</b>				Applied For <input checked="" type="checkbox"/> Not Applicable			
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required				6. Name and Address of Current Registered Agent			
KELLY, JENNIFER G 12425 NW 54TH CT CORAL SPRINGS FL 33076				7. Name and Address of New Registered Agent			
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.				Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>			
SIGNATURE _____				DATE _____			
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reappointing)				<div style="text-align: center;"> <b>FILE NOW!!! FEE IS \$50.00</b>  <b>Make Check Payable to Florida Department of State</b>  <b>Due By May 1, 2003</b> </div>			
9. MANAGING MEMBERS/MANAGERS				10. ADDITIONS/CHANGES			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>OWNER/CEO</b> <input type="checkbox"/> Delete <b>ANTHONY FALDEN</b> <b>12425 NW 54 CT</b> <b>CORAL SPRINGS, FL 33076</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>TREASURER/RA</b> <input type="checkbox"/> Delete <b>JENNIFER G. KELLY</b> <b>12425 NW 54 CT</b> <b>CORAL SPRINGS FL 33076</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>FELICIA A. FALDEN</b> <input type="checkbox"/> Delete <b>12425 NW 54 CT</b> <b>CORAL SPRINGS FL 33076</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>KARISA M. FALDEN</b> <input type="checkbox"/> Delete <b>12425 NW 54 CT</b> <b>CORAL SPRINGS FL 33076</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Vice President</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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: _____				4/21/03 9547297445 Date Daytime Phone #			

CR2E083 (10/02)