

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

06-30-2003 90001 009 ****50.00
FILE # 03000022612
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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DOCUMENT # L02000022612

1. Entity Name

FIRST SECURITY FUNDING, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

426 N 3rd St

Suite, Apt. #, etc.

3. Mailing Address

426 N 3rd St

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Jacksonville Beach, FL

City & State

Jacksonville Beach, FL

4. FEI Number

47-0886934

Applied F

Not Appl

Zip

32250

Country

Duval

Zip

32250

Country

Duval

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

7. Name and Address of Current Registered Agent

Name

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

City

FL

Zip Code

**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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Managing Partner MGRM
Mitchell Pack
426 N 3rd St
Jacksonville Beach, FL 32250

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Partner MGR
Eileen G. Blocker
1670 Atlantic Blvd
Jacksonville, FL 32207

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)(f), 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:

Eileen G. Blocker

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

4/28/03

Date

204 346-5665

Daytime Phone #