


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0016880

DOCUMENT # L02000023747

1. Entity Name
FLORIDA REGIONAL MORTGAGE LLC



FILED

03 SEP 30 AM 11:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CHECK HERE IF MAKING CHANGES

Principal Place of Business
12008 HOPE LN
TAMPA FL 33618

Mailing Address
12008 HOPE LN
TAMPA FL 33618

2. Principal Place of Business
8001 N Dale Mabry Hwy
Suite/Apt. #, etc.
401B

3. Mailing Address
8001 N Dale Mabry Hwy
Suite/Apt. #, etc.
401B

City & State
Tampa, FL

4. FEI Number
75-3080643

Applied For
 Applied For
 Not Applicable

Zip
33614

Country
Hillsborough

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

6. Name and Address of Current Registered Agent
BUSINESS FILINGS INCORPORATED
1000 WEST AVENUE STE. 1114
MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
Name **Business Filings Incorporated**
Street Address (P.O. Box Number is Not Acceptable)
660 East Jefferson St
City **Tallahassee** FL Zip Code **32301**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003

| 9. MANAGING MEMBERS / MANAGERS | |
|--|--|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR SWENSON, MICHAEL J 12008 HOPE LN TAMPA FL 33618 <input type="checkbox"/> Delete |
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| 10. ADDITIONS / CHANGES | |
|--|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: SIGNATURE REQUIRED 9/27/03 813-935-7700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (4/03)