


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



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 401B, Tampa, FL
3. Mailing Address: 8001 N Dale Mabry Hwy, Suite 401B, Tampa, FL

CHECK HERE IF MAKING CHANGES

4. FEI Number: 75-3080643
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: MGR NAME: SWENSON, MICHAEL J STREET ADDRESS: 12008 HOPE LN CITY-ST-ZIP: TAMPA FL 33618	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<input type="checkbox"/> Delete
TITLE: _____ NAME: _____ STREET ADDRESS: _____ CITY-ST-ZIP: _____	<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
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"/> Change <input type="checkbox"/> Addition
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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"/> 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]* **SIGNATURE REQUIRED** Date: 9/27/03 Daytime Phone #: 813-935-7700

CR2E083 (4/03)