

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

FILED
Jan 07, 2003 8:00 am
Secretary of State

01-07-2003 90042 017 ****50.00

DOCUMENT # L02000024696

1. Entity Name
A1A MORTGAGE, LLC



Principal Place of Business

**214 SEVENTH ST
ATLANTIC BEACH FL 32233**

Mailing Address

**214 SEVENTH ST
ATLANTIC BEACH FL 32233**

2. Principal Place of Business

708 Third Street North

3. Mailing Address

708 Third Street North

Suite, Apt. #, etc.

Suite, Apt. #, etc.

20000251



☐ CHECK HERE IF MAKING CHANGES

City & State
Jacksonville Beach, FL

City & State
Jacksonville Beach, FL

4. FEI Number
42-1552200

Applied For
☐ Not Applicable

Zip Country
32250 US

Zip Country
32250 US

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HOUSTON, CLARENCE H JR
1050 RIVERSIDE AVE
JACKSONVILLE FL 32204**

Name

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

City

FL

Zip Code

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.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGR
BREAUT, RAYMOND A
214 SEVENTH ST
ATLANTIC BEACH FL 32233** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

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STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ 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: Raymond A Breaut REQUIRED

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

Date

Daytime Phone #

1/4/2003 (904) 247-7414

CR2E083 (10/02)