

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 28, 2003 8:00 am
Secretary of State

04-28-2003 90077 010 ****50.00

0060062

DOCUMENT # L02000024926

1. Entity Name

FIRST LIBERTY LIFE SETTLEMENTS, LLC



Principal Place of Business

**3001 EXECUTIVE DRIVE, SUITE 200
CLEARWATER FL 33762**

Mailing Address

**3001 EXECUTIVE DRIVE, SUITE 200
CLEARWATER FL 33762**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

55-0801942

Applied For

Not Applicable

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

**HUNT, CLIFFORD J ESQ
3001 EXECUTIVE DRIVE, SUITE 200
CLEARWATER FL 33762**

Name

Byington, C. Keith

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

3001 Executive Drive, Suite 200

City

Clearwater

FL

Zip Code
33762

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

C. Keith Byington

C. Keith Byington

4/9/03

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 ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☒ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
First Liberty Financial, LLC
3001 Executive Drive, Suite 200
Clearwater, FL 33762**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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CITY-ST-ZIP

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.

First Liberty Financial, LLC

SIGNATURE:

C. Keith Byington

C. Keith Byington, Managing Member 4/9/03 727-450-4100

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

Date

Daytime Phone #

CR2E083 (10/02)