

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

FILED
Mar 27, 2003 8:00 am
Secretary of State

03-27-2003 90013 015 ***150.00

30046590

DOCUMENT # L02000024987
1. Entity Name
CASH Money Mortgage, LLC

2. Principal Place of Business
17100 NE 19th Ave.

Suite, Apt. #, etc.
106

City & State
N. Miami Beach, FL

Zip
33162

Country
MIAMI-DADE

3. Mailing Address
17100 NE 19th Ave.

Suite, Apt. #, etc.
St. 106

City & State
N. Miami Bch., FL

Zip
33162

Country
MIAMI-DADE

4. FEI Number
11-3654541

Applied For
 Not Applicable

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

7. Name and Address of Current Registered Agent

Name Rapid Corporate Supplies, INC.
Street Address (P.O. Box Number is Not Acceptable)
17100 NE 19th Ave.
N. Miami Bch., FL 33162
City 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] Vice President Mark Jackson, Vice President 03/25/03
Signature, typed or printed name of registered agent and title if applicable DATE

FEES
Make Check Payable to Secretary of State
QUEEN

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Managing Member</u> <u>LORENZO HOWARD</u> <u>17100 NE 19th Ave. # 106</u> <u>N. MIAMI Bch., FL 33162</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MANAGING MEMBER</u> <u>MARK JACKSON</u> <u>17100 NE 19th Ave. # 106</u> <u>N. MIAMI Bch., FL 33162</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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] MANAGING member 03/25/03 (305) 940-4123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #