FILED
Mar 17, 2003 8:00 am
Secretary of State
03-17-2003 90592 027 ****50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000028675

1. Entity Name
LOCAL MORTGAGE CHOICES

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
35 S. LAKESHORE DR	35 S. LAKESHORE DR
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: HYPOLUXO, FL	City & State: HYPOLUXO, FL
Zip: 33462 Country: USA	Zip: 33462 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 01-0752032 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. **Name and Address of Current Registered Agent**

Name: MARK DUANE

Street Address (P.O. Box Number is Not Acceptable): 35 S. LAKESHORE DR

City: HYPOLUXO, FL Zip Code: 33462

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.

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	PRESIDENT	TITLE	
NAME	MARK DUANE	NAME	
STREET ADDRESS	35 S. LAKESHORE DR.	STREET ADDRESS	
CITY-ST-ZIP	HYPOLUXO, FL, 33462	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
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CITY-ST-ZIP		CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

CR2E083B (12/02)

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: Mark Duane 03/02/03 561-493-0961
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #