- 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Apr 15, 2003 8:00 am Secretary of State

Caytime Phone #

DOCUMENT # L02000028730 1. Entity Name BREEZE MORTGAGE, L.L.C.									03-2	7-2003 90	0013 040 ***	*50.00		
Principal Place of Business 385 HARVARD COURT NAPLES FL 34104				Mailing Address 385 HARVARD COURT NAPLES FL 34104				.						
Principal Place of Business				3. Mailing Address										
Suite, Apt. #, etc.				Suite, Apt. #, etc.				["(((()		EBILI EBILI EŞILI	a attib. Itlant säitt laad	r ereste u d el erro		
								CHECK HERE IF MAKING CHANGES					_	
City & State				City & State			4. FEI Number Applied For S2 - 217 110 S Not Applied				Applied For Vot Applicable	le		
Zip	Country			Zip Cou		iry		5. Certifica	ate of Status De	sired [\$5.00 A Fee Requi			
	pistered Agent		Name		_7. Name a	nd Address of	New Regist	ered Agent						
FISHER, RALPH 385 HARVARD COURT NAPLES FL 34104					Z	Street	Address (I	P.O. Box Num	ber is Not Acc	eptable)				
144 220 12 04 101												4		
A The above	n named entit	v submite this statemen	of for the	number of changing its	registers	City	v rogieter	ad agont or h	with in the Stat	a of Elorida	FL Zip Co			
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 the obligations of registered agent. SIGNATURE SIGNATURE SIGNATURE NOTE: Registered Agent signature required when reinstating) DATE											•			
3).				FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department Due By May 1, 2003				nt of State	ې ډق					
9.		MANAGING ME	MBERS/		10.					TIONS/CHAN	NGES			
TITLE NAME STREET ADDRESS				□ Delete	TITLE NAME STREE		156	orge 3 Hu	PAST 50 CI	DOR	☐ Change	Addition	CR2E083 (10/02)	
CITY-ST-ZIP					-	ST-ZIP	2111	ers	OCINY.	MD	20906	7741.185	ZEO	
NAME * STREET ADDRESS CITY-ST-ZIP	-			□] Delete			m 1 390	KE K	POLEON	PL	☐ Change	Addition	5	
TITLE -		 	7	Detete	* TITLE		730		D	201	Change	Addition:	-	
STREET ADDRESS . CITY-ST-ZIP	•					T ADDRESS ST-ZIP		<u></u>			_			
TITLE NAME				☐ Delete	TITLE NAME						Change	Addition		
STREET ADDRESS CITY-ST-ZIP					STREE	T ADDRESS ST-ZIP								
PITLE NAME		•		☐ Delete	TITLE NAME			•			Change	☐ Addition	}	
STREET ADORESS CITY-ST-ZIP		•			STREET CITY-S	T ADORESS ST-ZIP	٠.							
TITLE				☐ Delete	TRTLE						Change	Addition	1	
NAME STREET ADDRESS CITY-ST-ZIP		<u> </u>			CITY-5									
indicated	11. I hereby certify that the information supplied with this filling 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 trusted empowered to execute this report as required by Chapter 608, Florida Statutes.													
SIGNAT	URE SIGNATURE &	DIGING		TE REQUIP	RED) LTHORIZED	REPRESENT	3	/22/03		Caytime Phone #			