

SEP. 23. 2005. 9:42AM

SEP. 19. 2005 12:49PM

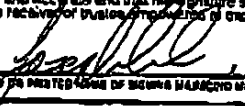
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**2005 LIMITED LIABILITY COMPANY
REINSTATEMENT**

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DOCUMENT # L04000081698			
1. Entity Name NATIONAL MORTGAGE PROVIDERS, L.L.C.			
Principal Place of Business 2950 CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 US		Mailing Address 2850 CYPRESS CREEK ROAD FORT LAUDERDALE, FL 33309 US	
3. Principal Place of Business		2. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent WEINBERG, STEVEN A 7806 S.W. 6TH COURT PLANTATION, FL 33324		4. FEI Number 20-1869694 Applied For ☐ Not Applicable	
5. Name and Address of New Registered Agent		6. Certificate of Status Desired ☐ \$5.00 Additional Fee Required	
Name		City	
Street Address (P.O. Box Number is Not Acceptable)		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, continued agency.			
SIGNATURE 		9/19/05	
FILE NO/TH FEB IS 6100-00		In accordance with s. 607.183(2)(b), F.S., the Entity's liability company did not receive the prior notice.	
8. MANAGING MEMBERS/MANAGERS		15. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Ende, Joseph 2950 Cypress Creek Rd Ft. Lauderdale FL 33309	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME 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(2)(b), Florida Statutes. I further certify that the information disclosed 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 of business operations and to execute this report as required by Chapter 608, Florida Statutes.			
SIGNATURE: 		MGRM 9/19/05 (561) 988-1122	
SIGNATURE AND TITLE OF SIGNER (MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE)		Date	

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