2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 01, 2002 8:00 AM
Secretary of State

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Entity Name: AMERICAN SOUTHERN FINANCIAL GROUP, L.C.

Current Principal Place of Business:

1 S.E. THIRD AVENUE
11TH FLOOR
MIAMI, FL 33131

New Principal Place of Business:

Current Mailing Address:

1 S.E. THIRD AVENUE
11TH FLOOR
MIAMI, FL 33131

New Mailing Address:

FEI Number: 65-0410298 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

FRIEDLANDER & ASSOCIATES, INC.
1 S.E. THIRD AVENUE
SUITE 1101
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

MANAGING MEMBERS/MEMBERS:

Title: MEM ( ) Delete
Name: AMERICAN SOUTHERN MO, RTGAGE CORPORA T ION
Address: 1 S.E. THIRD AVE., 11TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: MEM ( ) Delete
Name: THE KEYES COMPANY,
Address: 1 S.E. THIRD AVE., 11TH FLOOR
City-St-Zip: MIAMI, FL 33131

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: AMERICAN SOUTHERN MO, RTGAGE CORPORA T ION
Address: 1 S.E. THIRD AVE., 11TH FLOOR
City-St-Zip: MIAMI, FL 33131

Title: MGRM (X) Change ( ) Addition
Name: THE KEYES COMPANY,
Address: 1 S.E. THIRD AVE., 11TH FLOOR
City-St-Zip: MIAMI, FL 33131

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: TIMOTHY PAPPAS MGR 05/01/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date