File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

LIMITED LIABILITY COMPANY ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE **Katherine Harris** Secretary of State

DIVISION OF CORPORATIONS

FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE

99 MAR 12 PM 2: 02 SEGRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

Name and Mailing Address of Limited Liability Company

DOCUMENT # 196000001280

GREENPOINTE FUNDING, L.C. 600 S. ANDREWS AVENUE SUITE 400 FORT LAUDERDALE FL 33301

600 S. ANDREWS AVENUE SUITE 400 FORT LAUDERDALE FL 33301

Principal Place of Business Address

| 2. Principal Pl | ace of Business | 2a. Mailing Add | ress | Date Organized or Qualifier | FL Applied For Not Applicable | | | | | |
|--|-----------------|-----------------------|---------|---|----------------------------------|--|--|--|--|--|
| Suite, Apt. #, e | etc. | Suite, Apt. #, etc | | 11/26/1996 | | | | | | |
| Outo, ripr. II, o | | 33.00 7.40 % 7.40 | | 4. FEI Number | | | | | | |
| City & State | | City & State | | 65-0728508 | | | | | | |
| Zιρ | Country | Zip | Country | 5. Date of Last Report | 6. Certificate of Status Desired | | | | | |
| C-IP | 000, | | | 05/26/1998 | \$8.75 Additional Fee Required | | | | | |
| 7. Name and Address of Current Registered Agent | | | | 8. Name and Address of New Registered Agent/Office | | | | | | |
| GREEN, BRUCE 600 S. ANDREWS AVENUE SUITE 400 FORT LAUDERDALE FL 33301 | | | | Address (P.O. Box Number is Not Accept Apt #, etc. | | | | | | |
| | | | City | City Zip Code | | | | | | |

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

| 10. Title | Managing Members/Managers | Business Street Address | | | | | | City, State and Zip Code | | | |
|-----------|---------------------------|-------------------------|----|---------|------|-----|--------------|---------------------------------------|--|--------------------|--|
| MBM | ZEIDWIG, HOWARD | 600 | s. | ANDREWS | AVE, | STE | 40 | FORT | LAUDERDA | LE FL | |
| IBM | SPECHLER, JAY | 600 | s. | ANDREWS | AVE, | STE | 40 | FORT | LAUDERDA | LE FL | |
| нвм | GREENE, CHARLES | 600 | s. | ANDREWS | AVE, | STE | 40 | FORT | LAUDERDA | LE FL | |
| ngrm | GREENE, BRUCE | 600 | s. | ANDREWS | AVE, | STE | 40 | FORT | LAUDERDA | LE FL | |
| | | | | | | • | : () | () (() () ()()() ()()() | \$*5 *1 ** 1 (24799111)* * 188,7\$ * 9 | 74 624 04:4188, | |

11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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, and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE:

Bruce Green