## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L9600001280

1. Entity Name

GREENPOINTE FUNDING, L.C.



## FILED Jan 24, 2003 8:00 am Secretary of State

01-24-2003 90254 026 \*\*\*\*50.00

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Principal Plac	ce of Business	3	Mailing Address								
SUITE 400			600 S. Andrews avenue Suite 400 Fort Lauderdale FL 33301			 	in <b>en 17</b> 113 enin enn 1861 <b>.</b>	<b>e</b> rik <b>to</b> lki <b>er</b> ik	fi ijeje linat i	8/01 <b>88</b> 06 ( <b>68</b> 0	
2. Principal F	Place of Busin	ess	3. Mailing Address								
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			<u> </u>	.   CHECK HERE IF MAKING CHANGES				
City & State			City & State			4. FEI Numi	oer 65-0728508		'	pplied For ot Applicable	
Zip		Zip	Coun	try	5. Certificat	e of Status Desired		5.00 Add			
		and Address of Current P	tegistered Agent	stered Agent			7. Name and Address of New Registered Agent				
The state of the s									<del></del> . <del></del>	<b>**</b> '+	
GREEN, BRUCE 600 S. ANDREWS AVENUE					Street Address (P.O. Box Number is Not Acceptable)						
SUITE 400 FORT LAUDERDALE FL 33301									- T		
					City			FL	Zip Cod	е	
8. The above	named entity	submits this statement for	the purpose of changing its	registere	ed office or regi	istered agent, or be	oth, in the State of Florid	da. I am fa	amiliar with,	and accept	
the obligat	tions of registe	ered agent.									
SIGNATURE .					<u>.                                    </u>						
	Signature, typed o	or printed name of registered agent an	d title if applicable. (NOT	E: Registere	d Agent signature red	quired when reinstating)		DATE			
•					FEE IS \$50.0	1					
			Make Check Payab		<del>-</del>	ment of State					
					ay 1, 2003						
9.	T	MANAGING MEMBER		10.			ADDITIONS/C				
TITLE	MEM	110141100	☐ Delete	TITLE	f				☐ Change	Addition	
NAME STREET ADDRESS		HOWARD		NAMI	ET ADDRESS					ļ	
CITY-ST-ZIP		IDREWS AVE, STE 400			-ST-ZIP						
TITLE	MEM	JDERDALE FL 33301	□ Delete	TITLE	<u> </u>	<del></del>			Change	Addition	
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NAME		CHARLES	. , , , ,	NAMI	E * * *	ماها دم شهمي ي ا د	e e e specie		,		
STREET ADDRESS	600 S. AN	IDREWS AVE, STE 400		STRE	ET ADDRESS						
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NAME	GREENE,			NAM						ĺ	
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CITY-ST-ZIP	FORT LAU	JDERDALE FL 33301		-	-ST-ZIP						
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CITY-ST-ZIP					-ST-ZIP					}	
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STREET ADDRESS					ET ADDRESS					,	
CITY-ST-ZIP	,				-ST-ZiP						
11 Lhoroby 6	portify that the	information cumplied with t	his filles doss not qualify fo	the eve	motion stated in	Continu 110 07(2)	Vi) Florido Statutas I fe	irthar agrii	fu that the le	oformation	

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 feceiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

01-17-03

Daytime Phone #

Daytime Phone #

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