

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 17, 2002 8:00 am
Secretary of State

04-17-2002 90035 003 ****50.00

DOCUMENT # L97000000838

1. Entity Name
HOME MORTGAGE MANAGEMENT, L.C.

Principal Place of Business
1 SE 3RD AVE., 15TH FLOOR
MIAMI FL 33131

Mailing Address
1 SE 3RD AVE., 15TH FLOOR
MIAMI FL 33131

2. Principal Place of Business
200 S BISCAYNE BLVD

3. Mailing Address
200 S BISCAYNE BLVD

Suite, Apt. #, etc.
6TH FLOOR

Suite, Apt. #, etc.
6TH FLOOR

City & State
MIAMI, FL

City & State
MIAMI, FL

Zip
33131

Country
USA

Zip
33131

Country
USA



DO NOT WRITE IN THIS SPACE

4. FEI Number **65-0801871**

Applied For
 Not Applicable

5. Certificate of Status Desired **\$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent

SCHULTZ, TERRANCE
1 SE 3RD AVE., 14TH FLOOR
MIAMI FL 33131

7. Name and Address of New Registered Agent

Name
SCHULTZ, TERRANCE

Street Address (P.O. Box Number is Not Acceptable)
200 S BISCAYNE BLVD, 6TH FLOOR

City **MIAMI** FL Zip Code **33131**

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.

SIGNATURE *Monica A. Schult* DATE **4/9/02**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS / MANAGERS

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHULTZ, TERRANCE ONE SE THIRD AVE., 14TH FLOOR MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANT, BARRY ONE SE THIRD AVE., 14TH FLOOR MIAMI FL 33131	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SCHULTZ, TERRANCE 200 S BISCAYNE BLVD 6TH FLOOR MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM BRANT, BARRY 200 S BISCAYNE BLVD 6TH FLOOR MIAMI, FL 33131	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

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

SIGNATURE: *Monica A. Schult* DATE **4/8/02** (305) 379-7000

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

CR2E083 (9/01)