2000 UNIFORM BUSINESS REPORT (UBR)

TITLE NAME VRATANINA, JEFFREY J 1500 LEE RAOD ORLANDO FL 32810 TITLE NAME GIARDINIERI, HANK 1155 S. SEMORAN BLVD., SUITE 1220 TITLE NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME STREET ADDRESS CITY-ST-ZIP NAME NAME NAME NAME NAME NAME NAME NAME	DOCUMENT # L9800001674 1. Entity Name HOMEBUYERS FUNDING, LLC					APPROVED AND FILED			
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2. Principal Place of Business 3. Mailing Address 1500 LEE ROAD Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. Suite, Apt. #. etc. SUITE 1120 City & State ORLANDO, FL 4. FEI Number 59-3531101 Applied For Following Suite Applied For ORLANDO, FL 4. FEI Number 59-3531101 Applied For Following Suite Applied For Indian Appl	1155 S. SEMORAN BLVD SUITE 1220 1155 S. SEMORAN BLVD.				SECRETARY OF STATE FALL AHASSEE, FLORIDA				
Suite, Apt. #, etc.									
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Zip Country 32p 32810 USA S. Certificate of Status Desired \$5.00 Additional Fee Required Status Desired \$5.00 Additional Fee Required Status Desired \$7. Name and Address of New Registered Agent Name Name Street Address (P.O. Box Number is Not Acceptable) Street Addre	City & State C					nher	<u> </u>		
STEPHAN, RENHARD G 2899 LEE ROAD, SUITE 540 WINTER PARK FL 32789 City	Zip Country Zi		Zip	p Country		5 Certificate of Status Desired \$5.00 Additional			
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2699 LEE ROAD, SUITE 540 WINTER PARK FL 32789 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the \$05,600,000	CTEDUAN DEINHADD C				Name				
WINTER PARK FL 32789 City Ci	·			Street A	Address (P.O. Box Number is Not Acceptable)				
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the \$\circ{405}{608}\chinq{60}\chinq{6146}\chinq{61146}				City		coccos	Zip Code	- 1	
SIGNATURE Signature. Typed or printed name of registered agent and time if application. [NOTE. Registered Agent algorithm required whom refrestating) DAYE	8. The above	named entity submits this statement for	the purpose of changing its r	egistered office or	registered agent, or l	ooth, in the Sta 5 of Broad -	-01148(010	
Signature. Typed or printed name of registered agent and title if spoketable. (NOTE. Registered Agent agricular requised when refreatable) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State 9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE MARK VRATANINA, JEFFREY J 1500 LEE RAOD ORLANDO FL 32810 TITLE MARK GIARDINERI, HANK TIRET ADDRESS GITT-51-2IP GITT-51-2IP MARK GIARDINERI, HANK TIRET ADDRESS GITT-51-2IP MARK TITLE				1		and about CO Of	() ***** ()	50.00	
9. MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE MGR Delete NAME	SIGNATURE .	Signature, typed or printed name of registered agent an	nd title if applicable. (NOTE:	Registered Agent signate	re required when reinstating)	DAT	E		
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11. I hereby certify that the information supplied with this filling 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	11 I hereby o	Lertify that the information supplied with t	this filing does not qualify for	the exemption stat	ed in Section 119.07(3)(i), Florida Statutes. I further	certify that the ir	nformation	

(407) 578-2000

Daytime Phone #

04-14-00