2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L9800001674

1. Entity Name



Feb 14, 2003 8:00 am Secretary of State 02-14-2003 90063 025 ****50.00

FILED

HOMEBUYERS FUNDING, LLC									
Principal Place of Business Mailing Address					1				
1155 S. SEMORAN BLVD SUITE 1220 WINTER PARK FL 32792		1500 LEE ROAD ORLANDO FL 32810			4 HE WIRE GOT	ni a 18192 kunin 88ki 11 111 f		18: 11218 Billi 1461	1 4 181 1 88 1
Principal Place of Business 3. Mailing Address			_						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			☐ CHECK HERE IF MAKING CHANGES				
City & State		City & State			4. FEI Numbe	59-3531101			plied For t Applicable
Zip Country		Zip	Zip Coun			of Status Desired		\$5.00 Add Fee Required	itional 1
1155 S. SEMORAN BLVD. SUITE 1220 WINTER PARK FL 32792 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country Country City & State Zip Country Country STEPHAN, REINHARD G 2699 LEE ROAD, SUITE 540 WINTER PARK FL 32789 8. The above named entity submits this statement for the purpose of changing its refered by the obligations of registered agent. SIGNATURE WARE Signature, typed or printed name of registered agent and title if applicable. WARE Check Payable Due 9. MANAGING MEMBERS/MANAGERS TITLE MGR VRATANINA, JEFFREY J STREET ADDRESS CITY-SI-ZIP WINTER PARK FL 32810 TITLE MGR URATANINA, JEFFREY J TITLE MGR U					7. Name and	Address of New R	egistered	Agent	
				Name					
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country 6. Name and Address of Curren STEPHAN, REINHARD G 2699 LEE ROAD, SUITE 540 WINTER PARK FL 32789 8. The above named entity submits this statement the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent 9. MANAGING MEME TITLE MGR NAME VRATANINA, JEFFREY J 1500 LEE RAOD ORLANDO FL 32810 TITLE MGR TEPLITSKY, IGOR STREET ADDRESS TREET ADDRESS TREET ADDRESS STREET ADDRESS S			Street Address	(P.O. Box Number	er is Not Acceptable)			
WINT	TER PARK FL 32789								
		•		City			FL	_	
8. The above the obligat	named entity submits this statemer tions of registered agent.	nt for the purpose of changing i	its register	red office or registe	ered agent, or bo	th, in the State of Flo	rida. I am	ı familiar with, :	and accept
SIGNATURE		(A)	OTF: Domintor	ed Agent signature require	ed when reinstating)	<u> </u>	DATE		<u>.</u>
	Signature, typed or printed name of registered a				· 1		·		
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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.

CITY-ST-ZIP

STREET ADDRESS

Douglas F. Long, Mgr.

CITY-ST-ZIP

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CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE NAME

MANAGING MEMBER, MANAGER, OR AUTHOPIZED REPRESENTATIVE

2/12/03 407 578-2000 Daytime Phone #

Change

Addition