	UNIFORM BUS		JKI	(UBK)			`			
DOCUMENT # L9900001030 1. Entity Name						[***]				
DORAL PARK FINANCE, L.L.C.					FILED					
Principal Plac	on of Rusingss	Mailing Address				00 APR -7 A	M 8: 2	20		
ONE INDEPENDENT DRIVE. SUITE 2210 ONE INDEPENDENT DRIVE.				2210	ľ	SECRETARY OF TALLAHASSEE, F	STATE	=		
JACKSONVILLE	: FL 32202	JACKSONVILLE FL 3220	2-3013		1				905 68 9 (96 1	
2. Principal Place of Business 3. Mailing Address										
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN	THIS SPA	CE		
City & State		City & State			4. FEł Number Applied For					٦
		Zip	Coun	tru	Not Applica			t Applicable	1	
			Coun			ficate of Status Desired e and Address of New Regist	Fee	Required		_
	6. Name and Address of Curren	nt Hegistered Agent		Name	7. Name	e and Address of New Regist	ereu Age	f11.		1
SURFACE, J. FRANK JR. ONE INDEPENDENT DRIVE, SUITE 2210 JACKSONVILLE FL 32202				Street Address	s (P.O. Box Number is Not Acceptable)					
								-		
				City			FL	Zip Code		-
8. The above	named entity submits this statement	for the purpose of changing i	ts registere	ed office or regist	tered agent,	or both, in the State of Florida.				
SIGNATURE .	Signature, typed or printed name of registered agei	nt and title if applicable (NC	TE: Registere	d Agent signature requi	red when reinstati	ng)	DATE			
				FEE IS \$50.00						
		Make Check F	ayable t	o Department	of State					
9. MANAGING MEMBERS/MEMBERS TITLE MGR			10.	<u> </u>		ADDITIONS/CHA		Changa	Addition	66
	MORTGAGE ADVISORS, INC. P.O. BOX 52852		NAM Stre	E ET ADDRESS		~				2E083 (9/99)
CITY- \$1- ZIP	JACKSONVILLE FL 32201	r-ing		- ST-ZIP				· · · · · · · · · · · · · · · · · · ·		⊐α
TITLE Name		Delete		E				Change		
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - ST- ZIP	<u> </u>	20000322 -04/25/00			-4 1	
TITLE NAME		Deteto	- TITLI Nam			*****50=0	() *** <u>**</u> *		ddition	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS - 87- Z(P						
TITLE		☐ Defete	TITL	1) Change	Addition	1
NAME STREET ADDRESS				ET ADDRESS		-				
TITLE		Delete	TITL	- \$T-ZIP		•		Change	Addition	-
NAME STREET ADDRESS			NAM Stre	E Et adoress						
CITY-81-ZIP			ETTY TITU	- 87 - ZiP			Г	Change	Addittion	-
NAME		□ Mesero	NAM	E			<u></u>	, •		
STREET ADDRESS		$\overline{}$	CITY	ET ADDRESS - ST-ZIP		-				_
11. I hereby of indicated limited lia	certify that the information supplied will on this report is true and accurate an ability company or the receiver or thus	ith this filing does not qualify the that my signature shall have see empowered to execute this	for the exe e the same s report as	mption stated in e legal effect as i s required by Cha	Section 119.0 I made unde apter 608, Flo	07(3)(i), Florida Statutes, I furth r oath; that I am a managing ⊓ orida Statutes.∠	er certify nember or	that the ir manage	ntormation r of the	
	Solvetin:	TAREBECO	high i	n /_/		Uston Conti) - 1	/0	~ /	
SIGNAT	URE: SIGNATURE AND TYPED OR P	RINTED NAME OF SIGNING MANAGIN	MEMBER C	DR MANAGER) 	(1010 (90f)	//55 Daytim	ne Phone #	<i>5/</i>	
						<u> </u>		\overline{C}	ليدر	