

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 24, 2003 8:00 am**  
**Secretary of State**

03-24-2003 90020 022 \*\*\*\*50.00

**DOCUMENT # L99000001030**

1. Entity Name

**DORAL PARK FINANCE, L.L.C.**



Principal Place of Business

Mailing Address

**ONE INDEPENDENT DRIVE  
SUITE 2210  
JACKSONVILLE FL 32202**

**ONE INDEPENDENT DRIVE  
SUITE 2210  
JACKSONVILLE FL 32202  
US**

2. Principal Place of Business

**1805 Copeland Street  
Suite, Apt. #, etc.  
200**

3. Mailing Address

**1805 Copeland Street  
Suite, Apt. #, etc.  
200**

City & State

**Jacksonville, FL**

City & State

**Jacksonville, FL**

Zip

**32204**

Country

**US**

Zip

**32204**

Country

**US**



☒ CHECK HERE IF MAKING CHANGES

4. FEI Number

**59-3565566**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SURFACE, J. FRANK JR.  
ONE INDEPENDENT DRIVE  
SUITE 2210  
JACKSONVILLE FL 32202**

7. Name and Address of New Registered Agent

Name

**Surface, J. Frank Jr.**

Street Address (P.O. Box Number is Not Acceptable)

**1805 Copeland Street**

**Suite 200**

City

**Jacksonville**

FL

Zip Code

**32204**

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE **J. Frank Surface Jr.**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**2/26/03**

DATE

**FILE NOW!!! FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☐ Delete  
NAME **MORTGAGE ADVISORS, INC.**  
STREET ADDRESS **ONE INDEPENDENT DR, SUITE 2210**  
CITY-ST-ZIP **JACKSONVILLE FL 32201**

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition  
NAME **mortgage advisors, inc**  
STREET ADDRESS **1805 Copeland Street, Suite 200**  
CITY-ST-ZIP **Jacksonville, FL 32204**

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
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TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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:

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

Date

Daytime Phone #

**2-26-03**

**904-3557831**

CR2E083 (10/02)