LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

AMENDED

FILED
03 JUN 25 AM 11:06
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # L-99000002038

1. Entity Name
SERVICE FIRST MORTGAGE, L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
11555 HERON BAY BLVD.	11555 HERON BAY BLVD.
Suite, Apt. #, etc. SUITE 301	Suite, Apt. #, etc. SUITE 301
City & State CORAL SPRINGS, FL	City & State CORAL SPRINGS, FL
Zip 33076 Country USA	Zip 33076 Country USA

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0908738 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name CHRISTOPHER M. TRAPANI, ESQ.

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

1801 N. MILITARY TRAIL, SUITE 200

City BOCA RATON FL Zip Code 33431

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

FEE IS $50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGR NAME JOHN S. MONROE STREET ADDRESS 11555 HERON BAY BLVD., SUITE 301 CITY-ST-ZIP CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE MGR NAME TERESA M. MONROE STREET ADDRESS 11555 HERON BAY BLVD., SUITE 301 CITY-ST-ZIP CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP 300021131393 06/25/03--01030--001 **50.00
TITLE MGR NAME THOMAS A. BORYS STREET ADDRESS 11555 HERON BAY BLVD., SUITE 301 CITY-ST-ZIP CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY-ST-ZIP **DO NOT WRITE IN THIS SPACE**
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CR2E083B (12/02)

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: _____ 19 June 03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #