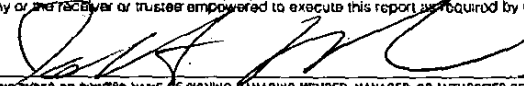


**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**
AMENDED

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

DOCUMENT # L-99000002038			
1. Entity Name SERVICE FIRST MORTGAGE, L.C.			
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 11555 HERON BAY BLVD.		3. Mailing Address 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
4. FEI Number 65-0908738		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required			
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 fee if applicable.			
FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1			
8. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR JOHN S. MONROE 11555 HERON BAY BLVD., SUITE 301 CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY - ST - ZIP	06/25/03 01030-001 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR TERESA M. MONROE 11555 HERON BAY BLVD., SUITE 301 CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY - ST - ZIP	300021131393 06/25/03--01030--001 **50.00
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR THOMAS A. BORYS 11555 HERON BAY BLVD., SUITE 301 CORAL SPRINGS, FL 33076	TITLE NAME STREET ADDRESS CITY - ST - ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP		TITLE 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 partner 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	

CR2E0838 (12/02)