

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


**FILED**  
**Jan 16, 2003 8:00 am**  
**Secretary of State**

01-16-2003 90230 033 \*\*\*\*50.00

01/16/03

**DOCUMENT # L99000004459**

1. Entity Name  
**THE HOME MORTGAGE SPECIALIST, LLC.**



Principal Place of Business      Mailing Address

**8360 W. OAKLAND PARK BLVD.  
101  
SUNRISE FL 33351**

**8360 W. OAKLAND PARK BLVD.  
101  
SUNRISE FL 33351**

2. Principal Place of Business      3. Mailing Address

**1820 N. Corporate Lakes Blvd**      **1820 N. Corporate Lakes Blvd**

Suite, Apt. #, etc.      Suite, Apt. #, etc.

**111**      **111**

City & State      City & State

**Weston**      **Weston**

Zip      Country      Zip      Country

**33026**      **USA**      **33026**      **USA**



CHECK HERE IF MAKING CHANGES

4. FEI Number      65-0948585

Applied For  
 Not Applicable

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

6. Name and Address of Current Registered Agent

**PEDROSA, RICARDO  
6650 N.W. 101 TERR  
PARKLAND FL 33076**

7. Name and Address of New Registered Agent

Name  
**Pedrosa Ricardo**

Street Address (P.O. Box Number is Not Acceptable)  
**1820 N. Corporate Lakes Blvd**

**Suite 111**

City      State      Zip Code

**Weston**      **FL**      **33326**

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: **11/0/03**

Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

| TITLE | NAME             | STREET ADDRESS               | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
|-------|------------------|------------------------------|------------------|---------------------------------|
| MGR   | PEDROSA, RICARDO | 8360 W OAKLAND PARK BLVD 101 | SUNRISE FL 33351 | <input type="checkbox"/>        |
| TITLE | NAME             | STREET ADDRESS               | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
| TITLE | NAME             | STREET ADDRESS               | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
| TITLE | NAME             | STREET ADDRESS               | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
| TITLE | NAME             | STREET ADDRESS               | CITY-ST-ZIP      | <input type="checkbox"/> Delete |
| TITLE | NAME             | STREET ADDRESS               | CITY-ST-ZIP      | <input type="checkbox"/> Delete |

10. ADDITIONS/CHANGES

| TITLE | NAME             | STREET ADDRESS  | CITY-ST-ZIP      | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
|-------|------------------|---|------------------|-------------------------------------|-----------------------------------|
| MGR   | Pedrosa, Ricardo | 1820 N. Corporate Lakes Blvd 111  | Weston, FL 33326 | <input checked="" type="checkbox"/> | <input type="checkbox"/>          |
| TITLE | NAME             | STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> | CITY-ST-ZIP      | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
| TITLE | NAME             | STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> | CITY-ST-ZIP      | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
| TITLE | NAME             | STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> | CITY-ST-ZIP      | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |
| TITLE | NAME             | STREET ADDRESS <td>CITY-ST-ZIP</td> <td><input type="checkbox"/> Change</td> <td><input type="checkbox"/> Addition</td> | CITY-ST-ZIP      | <input type="checkbox"/> Change     | <input type="checkbox"/> Addition |

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:       DATE: **11/0/03**      Daytime Phone #: **(954) 289-4211**

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

CR2E083 (10/02)