

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000007006

FILED  
Apr 21, 2003  
Secretary of State

**Entity Name:** AMERICA'S MORTGAGE BROKER, L.L.C.

**Current Principal Place of Business:**

3825 HENDERSON BOULEVARD, SUITE 400  
TAMPA, FL 33629

**New Principal Place of Business:**

**Current Mailing Address:**

3825 HENDERSON BOULEVARD, SUITE 400  
TAMPA, FL 33629

**New Mailing Address:**

**FEI Number:** 59-3604739

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GOLDSTEIN, BRUCE S  
500 EAST KENNEDY BOULEVARD, SUITE 101-A  
TAMPA, FL 33602 US

**Name and Address of New Registered Agent:**

MARKS, JAMES P  
3825 HENDERSON BLVD  
SUITE 400  
TAMPA, FL 33629 US

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.

SIGNATURE: JAMES P. MARKS

04/21/2003

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: COLLINS, MARK  
Address: 905 JOHN HUNTER COURT  
City-St-Zip: BRANDON, FL 33511

Title: MGR ( ) Delete  
Name: MARKS, JAMES P  
Address: 8312 PALMA VISTA LANE  
City-St-Zip: TAMPA, FL 33614

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: JAMES P MARKS

MGR

04/21/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date