FROM : JOHNSON INS FAX NO. : Apr. 25 2000 12:37PM P2

APR-25-2000(TUE) 13:24 8102734266

APPROVED AND FILED

00 APR 24 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000007995

1. Entity Name

Johnson Lane Mortgages, LLC

Principal Place of Business	Mailing Address
400 NORTH TAMPA STREET, SUITE 2300 TAMPA FL 33602	400 NORTH TAMPA STREET, SUITE 2300 TAMPA FL 33602-4708

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 59-3611522 | Applied For | Not Applicable

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

6. Name and Address of Current Registered Agent

C. A. Moore, Esq.
400 NORTH TAMPA STREET, SUITE 2300
TAMPA FL 33602

7. Name and Address of New Registered Agent

Name

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

City FL Zip Code

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.

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

9. MANAGING MEMBERS / MEMBERS			10. ADDITIONS / CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Robert I. Johnson 400 NORTH TAMPA STREET, SUITE 2300 TAMPA FL 33602	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	700003245886--2 -05/03/00--01131--008 *****50.00 *****50.00	☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	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 the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: X Robert I. Johnson 4-25-00 (813) 273-4210

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER | Date | Daytime Phone #