

2001 UNIFORM BUSINESS REPORT (UBR)

APPROVED
AND
FILED

0014737 AF

DOCUMENT # M00000000934

1. Entity Name
FSI SERVICING, L.L.C.

01 APR 27 AM 11:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
1200 NORTH FEDERAL HIGHWAY, SUITE 401 1200 NORTH FEDERAL HIGHWAY, SUITE 401
BOCA RATON FL 33432 BOCA RATON FL 33432



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number		Applied For	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		650997011		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input checked="" type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country				

6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent			
NRAI SERVICES 526 E. PARK AVENUE TALLAHASSEE FL 32301				Name			
				ET Corporation System			
				Street Address (P.O. Box Number is Not Acceptable)			
				1200 S. Pine Island Road			
				City		FL	Zip Code
				Plantation			33324

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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable.					
		FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State		300004213113--3 -05/11/01--01134--014 *****55.00 *****55.00	

9. MANAGING MEMBERS/MEMBERS			10. ADDITIONS/CHANGES		
TITLE		<input type="checkbox"/> Delete	TITLE	North Point	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Financial, L.L.C. (Member)	
STREET ADDRESS			STREET ADDRESS	1200 N. Federal Highway, Suite 401	
CITY-ST-ZIP			CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Delete	TITLE	North Point	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			NAME	Financial Corp. (Member)	
STREET ADDRESS			STREET ADDRESS	1200 N. federal Highway, Suite 401	
CITY-ST-ZIP			CITY-ST-ZIP	Boca Raton, FL 33432	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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: 4/25/01 561 447-6933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)