

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 29, 2002 8:00 am**  
**Secretary of State**

0044900

**DOCUMENT # M00000001565**

1. Entity Name

**PARTNERSHIP MORTGAGE, LLC**

03-29-2002 91211 031 \*\*\*\*50.00

Principal Place of Business

**4043 TAMPA ROAD, SUITE 2800  
 OLDSMAR FL 34667**

Mailing Address

**901 SEMMES AVENUE  
 MAIL CODE MTG 1815  
 RICHMOND VA 23224**

2. Principal Place of Business

**4023 TAMPA Road**

3. Mailing Address

Suite, Apt. #, etc.

Suite 2800

City & State

**Oldsmar, FL**

City & State

Zip

**34677**

Country

**USA**

Zip

Country

4. FEI Number

**59-3653478**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00** Additional  
 Fee Required



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**CORPORATION SERVICE COMPANY  
 1201 HAYS STREET  
 TALLAHASSEE FL 32301-2525**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME **MGR** ☒ Delete  
**BROOKS, HAROLD I**  
 STREET ADDRESS **6005 BRENTMOOR DRIVE**  
 CITY-ST-ZIP **GLEN ALLEN VA**

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Delete  
 STREET ADDRESS  
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE NAME **MANAGER** ☐ Change ☒ Addition  
**Valutree Lender Management, LLC**  
 STREET ADDRESS **901 Semmes Ave MTG 1815**  
 CITY-ST-ZIP **RICHMOND, VA 23224**

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
 STREET ADDRESS  
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 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** *[Signature]* **SIGNATURE REQUIRED**

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

**3/15/02**

Date

**804 291-0957**

Daytime Phone #

CR2E083 (9/01)