- 2001 UNIFORM BUS	INESS REPO	RT (UBR))			
DOCUMENT # MOOOO	0001687	······			N	
CENTURION MORTGAGE COMPANY, LLC			F	ILED	ny	
Principal Place of Business	Mailing Address	<u>}a</u>	p1 oct	11 PM 12: 17	U	
3 E. BROADWAY AVENUE ARYVILLE TN 37804 363 E. BROADWAY AVENUE MARYVILLE TN 37804			SECRETA TABLAHAS	ARY OF STATE SSEE, FLORIDA		
2. Principal Place of Business	3. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE I	IN THIS SPACE	
City & State	y & State City & State		4. FEI Numl	ber 62-1769965) ————	oplied For of Applicable
ZipCountry	Zip	Country	- 5. Certificat	te of Status Desired.	AF 00	
6. Name and Address of Curren	t Registered Agent		7. Name an	nd Address of New Reg		
RIZZOTTO, SALVATORE J 1601 NE 25TH AVENUE, STE 702	Name Robert E. Cvider Street Address (P.O. Box Number is Not Acceptable)					
OCALA FL 34470		928 Ridgeside Ct.				
			popka FL zip Code 32712			
8. The above named entity submits this statement for SIGNATURE Signature, typed or printed name of registered agent	ila Robe		ider	oth, in the State of Florid	ia.	
	Make Check Pay Due By	OW!!! FEE IS \$50 yable to Departme September 26, 20	nt of State	****55	01010300 5.00 ****	
9. MANAGING MEMB TITLE NAME	ERS/MANAGERS Delete	NAME	n GRM Patricia	SMALL ONE	☐ Change	Addition Addition
STREET ADDRESS CITY-ST-ZIP		STREET ADDRESS CITY-ST-ZIP	Maryvi	+ Broadwa 11e. TN 3	37804	
TITLE Delete NAME STREET ADDRESS		NAME STREET ADDRESS	230 Eas.	ugram + Broadwo	Change	⊠ Addition
TITLE Delete		TITLE /Y	16RM	le, TN 3	7804 ☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	r address		Maryuil	avis + Broadwo le TN 3	ay Ave 7804	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	M <i>GAM</i> Robert E 128 Rid Apopka	Crider Lageside C	□ Change	⊠ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		,	☐ Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ 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: SIGNATURE OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Dayline Phone #						

CR2E083 (5/01)