2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR DOCUMENT # M0000002656 1. Entity Name FILED WINDWARD MORTGAGE, L.L.C. 03 FEB 14 PH 12: 25 Principal Place of Business Mailing Address SECRETARY OF STATE 5671 E FOWLER AVE 901 SEMMES AVE TALLAHASSEE, FLORIDA TAMPA FL 33617 MTG 1815 RICHMOND VA 23224 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES City & State City & State 4. FEI Number 54-2012882 Applied For Not Applicable Zip Country Zip Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CORPORATION SERVICE COMPANY 1201 HAYS STREET Street Address (P.O. Box Number is Not Acceptable) TALLAHASSEE FL 32301-2525 City 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. I am familiar with, and accept the obligations of registered agent. 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 Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGR TITLE ☐ Delete TITLE ☐ Addition SunTrust Lender Management, LLC VALUTREE LENDER MGMT LLC NAME NAME STREET ADDRESS 901 SEMMES AVENUE MTG 1815 901 Semmes Avenue STREET ADDRESS MTG 1815 CITY-ST-ZIP **RICHMOND VA 23224** Richmond, VA 23224 CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME 300012461203 02/13/03--01047--003 **50.00 NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME

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.

STREET ADDRESS

STREET ADDRESS

GER, OR AUTHORIZED REPRESENTATIVE

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

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2-12-03 804 319-1397
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