

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M00000002684

1. Entity Name

LPI MORTGAGE CENTER, L.L.C.

FILED
 01 MAR 30 AM 8:56
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

W
6/9

Principal Place of Business Mailing Address

2. Principal Place of Business

3. Mailing Address

8720 SW 9th Terrace
 Suite, Apt. #, etc.

2000 Spring Rd #520
 Suite, Apt. #, etc.

City & State
 Miami, Florida

City & State
 Oak Brook, Illinois

4. FEI Number
 36 4399571

Applied For
 Not Applicable

Zip Country
 33174 USA

Zip Country
 60523 USA

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name
 CT Corporation System
 Street Address (P.O. Box Number is Not Acceptable)
 600 E Jefferson Street

City Tallahassee FL Zip Code 32301

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

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Producers Mortgage Corp 2000 Spring Rd Suite 520 Oak Brook, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President of Managing Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Thomas C. D'Aprile 2000 Spring Road Suite 520 Oak Brook, IL 60523
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Member <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition Raul Victor Leyva 8720 SW 9th Terrace Miami, Florida 33174
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 500003995155--8 -04/12/01--01073--012 *****50.00 *****50.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Thomas C D'Aprile*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

3/27/01 630.572.1600
 Date Daytime Phone #

CR2E083 (1/00)