

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 28, 2002 8:00 am
Secretary of State

03-28-2002 90007 048 ****50.00

DOCUMENT # M00000002684

1. Entity Name

LPI MORTGAGE CENTER, L.L.C.

Principal Place of Business

**8720 SW 9TH TERRACE
 MIAMI FL 33174**

Mailing Address

**2000 SPRING RD #520
 SUITE 520
 OAK BROOK IL 60523**

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip

Country

3. Mailing Address

11220 S. HARLEM AV.

Suite, Apt. #, etc.

City & State

WORTH ILLINOIS

Zip

60482

Country

U.S.A.



DO NOT WRITE IN THIS SPACE

4. FEI Number

36-4399571

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional
 Fee Required**

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM
 1200 SOUTH PINE ISLAND ROAD
 PLANTATION FL 33324**

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 **MGRM** ☐ Delete
 NAME **PRODUCERS MORTGAGE CORP**
 STREET ADDRESS **2000 SPRING RD SUITE 520**
 CITY-ST-ZIP **OAK BROOK IL 60523**

TITLE **MGRM** ☐ Delete
 NAME **D'APRILE, THOMAS C**
 STREET ADDRESS **2000 SPRING ROAD SUITE 520**
 CITY-ST-ZIP **OAK BROOK IL 60523**

TITLE **MEM** ☐ Delete
 NAME **LEYVA, RAUL V**
 STREET ADDRESS **8720 SW 9TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33174**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS / CHANGES

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

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

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 REQUIRED

President of Managing Member 3/15/02 708-448-4197

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

Date

Daytime Phone #

CR2E083 (9/01)