

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 92173 007 *****50.00

DOCUMENT # M01000001699

1. Entity Name

ORIGEN FINANCIAL L.L.C.



Principal Place of Business

**4121 COX ROAD, STE. 120
GLEN ALLEN VA 23060**

Mailing Address

**4121 COX ROAD, STE. 120
GLEN ALLEN VA 23060**

2. Principal Place of Business

3. Mailing Address

27777 Franklin Road

Suite, Apt. #, etc.

Suite, Apt. #, etc.

1700

City & State

**City & State
Southfield, Michigan**

4. FEI Number **38-3609238**

Applied For

Not Applicable

Zip

Country

Zip

48034

Country

USA

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

☐ CHECK HERE IF MAKING CHANGES



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. 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

TITLE **MGR** ☐ Delete
NAME **KLEIN, RONALD A**
STREET ADDRESS **280 E BROW ST STE 200**
CITY-ST-ZIP **BIRMINGHAM MI 48009**

TITLE **MGR** ☐ Delete
NAME **SHIFFMAN, GARY A**
STREET ADDRESS **31700 MIDDLEBELT RD STE 145**
CITY-ST-ZIP **FARMINGTON MI 48334**

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

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 **27777 Franklin Road, Ste 1700,**
CITY-ST-ZIP **Southfield, Michigan 48034**

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

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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

4/22/03

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

Date

Daytime Phone #

CR2E083 (10/02)

0070036