

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Feb 03, 2003 8:00 am
Secretary of State

02-03-2003 90352 036 ****50.00

DOCUMENT # M01000001863

1. Entity Name
ARGENT MORTGAGE COMPANY, L.L.C.



Principal Place of Business
**1100 TOWN & COUNTRY ROAD, STE. 900
ORANGE CA 92868**

Mailing Address
**1100 TOWN & COUNTRY ROAD, STE. 900
ORANGE CA 92868**

2. Principal Place of Business
1100 Town & Country Road

3. Mailing Address
1100 Town & Country Road

Suite, Apt. #, etc.
11th Flr.

Suite, Apt. #, etc.
Ste. 450

City & State
Orange, CA 92868

City & State
Orange, CA

Zip
92868

Country
USAA

Zip
92868

Country
USA

6. Name and Address of Current Registered Agent

**NRAI SERVICES, INC.
526 E. PARK AVE.
TALLAHASSEE FL 32301**

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
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
LANGS, KIRK
1100 TOWN & COUNTRY ROAD, STE. 1100
ORANGE CA 92868**

☒ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
BASS, ADAM J
1100 TOWN & COUNTRY ROAD, STE. 1100
ORANGE CA 92868**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
GRAZER, JOHN P
1100 TOWN & COUNTRY ROAD, STE. 1100
ORANGE CA 92868**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

**MGR
LEE, WAYNE
1100 TOWN & COUNTRY ROAD, STE. 1100
ORANGE CA 92868**

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
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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:

Diana E. Tiberend

Diana E. Tiberend - Asst. Sec

1/27/03

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

Date

Daytime Phone #

CR2E083 (10/02)