


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

<b>DOCUMENT # M01000002785</b>					
<b>1. Entity Name</b> <b>AMERITRUST MORTGAGE COMPANY, LLC</b>					
<b>Principal Place of Business</b> <b>4801 EAST INDEPENDENCE BLVD.</b> <b>SUITE 1110</b> <b>CHARLOTTE NC 28212</b> <b>US</b>			<b>Mailing Address</b> <b>4801 E INDEPENDENCE BLVD</b> <b>SUITE 1110</b> <b>CHARLOTTE NC 28212</b>		
<b>2. Principal Place of Business</b> <b>14045 Ballantyne Corp Place</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Charlotte, NC</b> Zip <b>28277</b>			<b>3. Mailing Address</b> <b>14045 Ballantyne Corp PL</b> Suite, Apt. #, etc. <b>Suite 200</b> City & State <b>Charlotte NC</b> Zip <b>28277</b>		
Country <b>USA</b>			Country <b>USA</b>		
<b>4. FEI Number</b> <b>56-2270727</b>				Applied For <input type="checkbox"/> Not Applicable	
<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$5.00 Additional Fee Required</b>				<input type="checkbox"/> CHECK HERE IF MAKING CHANGES	
<b>6. Name and Address of Current Registered Agent</b> <b>MATHEWS, GEORGE W III ESQ</b> <b>1325 S CONGRESS AVE</b> <b>SUITE 104</b> <b>BOYNTON BEACH FL 33426</b>			<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>		
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable.					
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Florida Department of State</b> <b>Due By May 1, 2003</b>					
<b>9. MANAGING MEMBERS/MANAGERS</b>			<b>10. ADDITIONS/CHANGES</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>OWENS, JOHN J</b> <b>4402 SHANNA MARA DRIVE</b> <b>MATTHEWS NC 28104</b>	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100017305051</b> <b>04/29/03--01053--008 **50.00</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> _____ <b>4/24/03</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE					