

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Mar 12, 2003 8:00 am**  
**Secretary of State**

03-12-2003 90010 010 \*\*\*\*50.00

**DOCUMENT # M02000001549**

1. Entity Name

**HOMEBUILDERS FINANCIAL NETWORK, LLC**



Principal Place of Business

**7900 MIAMI LAKES DRIVE WEST, SUITE 100  
MIAMI LAKES FL 33016**

Mailing Address

**7900 MIAMI LAKES DRIVE WEST, SUITE 100  
MIAMI LAKES FL 33016**

**30041741**



☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business

3. Mailing Address

**17911 Von Karman Ave**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 300**

City & State

City & State

**Irvine, Ca**

4. FEI Number **01-0693634**

Applied For

Not Applicable

Zip

Country

Zip

Country

**92614**

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

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

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

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

10. ADDITIONS/CHANGES

TITLE NAME ☐ Delete  
**MGRM FOLEY, WILLIAM P II**  
STREET ADDRESS **4050 CALLE REAL, SUITE 200**  
CITY-ST-ZIP **SANTA BARBARA CA 93110**

TITLE NAME ☒ Change ☐ Addition  
**MGR Foley William P. II**  
STREET ADDRESS **4050 Calle Real Suite 200**  
CITY-ST-ZIP **Santa Barbara, CA 93110**

TITLE NAME ☒ Delete  
**MGRM STONE, PATRICK F**  
STREET ADDRESS **4050 CALLE REAL, SUITE 200**  
CITY-ST-ZIP **SANTA BARBARA CA 93110**

TITLE NAME ☐ Change ☒ Addition  
**MGR Abbinante, Christopher**  
STREET ADDRESS **171 N. Clark St. 8th Floor**  
CITY-ST-ZIP **Chicago, IL 60601**

TITLE NAME ☐ Delete  
**MGRM STINSON, AL**  
STREET ADDRESS **4050 CALLE REAL, SUITE 200**  
CITY-ST-ZIP **SANTA BARBARA CA 93110**

TITLE NAME ☒ Change ☐ Addition  
**MGR Stinson, Alan L**  
STREET ADDRESS **4050 Calle Real**  
CITY-ST-ZIP **Santa Barbara, CA 93110**

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

**3/10/03 305-820-3977**

CR2E083 (10/02)