

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M96000000211

1. Entity Name

MUNICIPAL MORTGAGE & EQUITY, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

00 SEP 26 AM 11:02

Principal Place of Business

PARK CHARLES BUILDING
218 N. CHARLES STREET, SUITE 500
BALTIMORE MD 21201

Mailing Address

PARK CHARLES BUILDING
218 N. CHARLES STREET, SUITE 500
BALTIMORE MD 21201

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

52-1449733

Applied For

Not Applicable

Zip

Country

Zip

Country

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.

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME MME I CORPORATION
STREET ADDRESS 218 N. CHARLES STREET, SUITE 500
CITY-ST-ZIP BALTIMORE MD 21201

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

TITLE MGR ☐ Delete
NAME HOBBS, THOMAS R
STREET ADDRESS 218 N. CHARLES STREET, SUITE 500
CITY-ST-ZIP BALTIMORE MD 21201

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

TITLE MGR ☐ Delete
NAME JOSEPH, MARK K
STREET ADDRESS 218 N. CHARLES STREET, SUITE 500
CITY-ST-ZIP BALTIMORE MD 21201

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

TITLE MGR ☐ Delete
NAME FALCONE, MICHAEL L
STREET ADDRESS 218 N. CHARLES STREET, SUITE 500
CITY-ST-ZIP BALTIMORE MD 21201

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

TITLE MGR ☐ Delete
NAME MENTESANA, GARY A
STREET ADDRESS 218 N. CHARLES STREET, SUITE 500
CITY-ST-ZIP BALTIMORE MD 21201

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

TITLE MGR ☐ Delete
NAME COLE, EARL W III
STREET ADDRESS 218 N. CHARLES STREET, SUITE 500
CITY-ST-ZIP BALTIMORE MD 21201

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

9-18-00 410-962-8044

CP2E083 (5/00)