

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Feb 17, 2003 8:00 am**  
**Secretary of State**

02-17-2003 90008 014 \*\*\*150.00

**DOCUMENT # M97000000749**

1. Entity Name  
**ASSOCIATES HOUSING FINANCE, LLC**



Principal Place of Business <b>250 CARPENTER FREEWAY IRVING TX 75062</b>	Mailing Address <b>300 ST. PAUL PIERCE BSPIOD BALTIMORE MD</b>
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2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip	Country



CHECK HERE IF MAKING CHANGES

4. FEI Number <b>75-2731850</b>	Applied For
	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$5.00</b> Additional Fee Required

6. Name and Address of Current Registered Agent

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

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	<b>PD</b>	<input type="checkbox"/> Delete
NAME	<b>GUTHRIE, ROY A</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX 75062</b>	
TITLE	<b>SD</b>	<input type="checkbox"/> Delete
NAME	<b>COSTAS, STEPHEN J</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX 75062</b>	
TITLE	<b>VP</b>	<input type="checkbox"/> Delete
NAME	<b>DAVIS, LINDA S</b>	
STREET ADDRESS	<b>300 ST. PAUL PLACE</b>	
CITY-ST-ZIP	<b>BALTIMORE MD 21202</b>	
TITLE	<b>VPT</b>	<input type="checkbox"/> Delete
NAME	<b>HUGHES, JOHN F</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX 75062</b>	
TITLE	<b>D</b>	<input type="checkbox"/> Delete
NAME	<b>SLETTEN, MICHAEL W</b>	
STREET ADDRESS	<b>250 CARPENTER FREEWAY</b>	
CITY-ST-ZIP	<b>IRVING TX 75062</b>	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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: *Linda S. Davis* 2/1/03 (410)332-3000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

00110801  
CR2E083 (10/02)