## LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## FILED Mar 28, 2002 8:00 am Secretary of State

DOCUMENT #  1. Entity Name						03-28-2002 90007 008 ****50.00			
Southeast Alliance of Foreclosure Specialist, LLC  DO NOT WRITE IN THIS SPACE									
2. Principal Place of Business  SO40 Addison Circle  3. Mailing Address  SO40 Addison Circle					$\neg$				
Suite, Apt. #, etc. Suite, Apt. #, etc. 400						DO NOT WRITE IN THIS SPACE			
City & State Addison, TX		City & State Addison, TX			- MC 0001031			Applied For	
zip 750		75001	Country	sA		ate of Status Desired	\$	Not Applicable  5.00 Additional	
730	<u> </u>	73001	<b>4</b> -	<b>Э</b> /Т	7. Name an	d Address of Current		ee Required Agent	
DO NOT WRITE					Corporation Systems				
IN THIS SPACE				reet Addre	ss (P.O. Box Nur South	nber is Not Acceptable	L Road	d	
		ACL							
				y p	antaction	<u>-                                      </u>	FL	Zip Code 333324	
8. The above	e named entity submits this statement for	the purpose of changing its	registered off	fice or regi	stered agent, or	ooth, in the State of Flo	rida.		
SIGNATURE	Signature, typed or printed name of registered agent a	nd title if applicable.					DATE		
FEE IS \$50.00									
	!	Make Check Pay	yable to De UE BY MA		t of State				
9.	- MANAGING MEMBE		*		• •		••		
TITLE NAME	Member Nancy T. Richards		TITLE NAME					CR2E083B (12/01)	
STREET ADDRESS	DDRESS 5040 Addison Circle, Suite 400			RESS				8 (1	
CITY-ST-ZIP	Addison, TX 75	001	CITY-ST-ZH	P		<del></del>		E083	
TITLE NAME	Member' Ron Nation		TITLE NAME					(2)	
STREET ADDRESS CITY-ST-ZIP	ADDRESS 222 S. Westmorte Drive, Suite 110			RESS					
TITLE	Altamonte Springs,	FL 32714	CITY-ST-ZIF	<u> </u>					
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11. I hereby of indicated limited lial	ertify that the information supplied with to on this report is true and accurate and the bility company or the receiver or trustee	his filing does not qualify for t nat my signature shall have th empowered to execute this re	he exemption le same legal port as requi	n stated in l effect as i ired by Ch	Section 119.07(3 f made under oa apter 608, Florida	)(i), Florida Statutes. I f th; that I am a managir a Statutes.	urther certify ng member o	that the information or manager of the	