

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000002061

1. Entity Name
FH (FL) FUNDING LLC

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

00 JUL 31 PM 1:25

Principal Place of Business Mailing Address
 3375 CAPITAL CIRCLE N.E. BUILDING A 3375 CAPITAL CIRCLE N.E. BUILDING A
 TALLAHASSEE FL 32308 TALLAHASSEE FL 32308



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		3. Mailing Address		4. FEI Number APPLIED FOR	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.			Not Applicable
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	
Zip	Country	Zip	Country		

6. Name and Address of Current Registered Agent			7. Name and Address of New Registered Agent				
GRAY, D. LOCKWOOD ANNIS, MITCHELL, COCKEY, EDWARD & ROEHN PA 201 N. FRANKLIN ST., SUITE 2200 TAMPA FL 33602			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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
 Make Check Payable to Department of State
 000003349920-3
 -08/08/00--01093--007
 *****50.00 *****50.00

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FONVIELLE, C. DAVID		NAME		
STREET ADDRESS	3375 CAPITAL CIR. N.E., BUILDING A		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HINKLE, DONALD M		NAME		
STREET ADDRESS	3375 CAPITAL CIR. N.E., BUILDING A		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LEWIS, HALLEY B III		NAME		
STREET ADDRESS	3375 CAPITAL CIR. N.E., BUILDING A		STREET ADDRESS		
CITY-ST-ZIP	TALLAHASSEE FL 32308		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERRUCCI, MARK A		NAME		
STREET ADDRESS	% 1209 ORANGE ST.		STREET ADDRESS		
CITY-ST-ZIP	WILMINGTON DE 19801		CITY-ST-ZIP		
TITLE	MGRM	<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KIRKWOOD, PETER T		NAME		
STREET ADDRESS	601 BAYSHORE BLVD., SUITE 700		STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33606		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			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]* **SIGNATURE REQUIRED**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER _____ Date _____ Daytime Phone # _____

CR2E083 (5/00)