FILED
03 AUG 14 AM 11:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

— Ammended

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

300022630173
08/28/03--01003--023 **75.00

DOCUMENT # P94000015925

1. Entity Name
CAPITAL MORTGAGE PARTNERS, INC.

Principal Place of Business	Mailing Address
941 NE 19 AVE. 203 FORT LAUDERDALE, FL 33304 US	% ANTHONY WEBB, PRESIDENT 8528 OLD COUNTRY MANOR, #113 DAVIE, FL 33328 US

2. Principal Place of Business		3. Mailing Address	
941 NE 19 AVE		8528 OLD Country MNE	
Suite, Apt. #, etc. 203		Suite, Apt. #, etc. 113	
City & State FT. LAUD. FL.		City & State DAVIE, FL.	
Zip 33329	Country USA	Zip 33328	Country USA

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **65-0501751** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WEBB, ANTHONY 8529 OLD COUNTRY MANOR #713 DAVIE, FL 33328	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] 7/30/03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $150.00
After May 1, 2003 Fee will be $550.00
Make Check Payable to Florida Department of State

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P WEBB, ANTHONY 8528 OLD COUNTRY MANOR DAVIE, FL 33328	☐ Delete	P, V, S, O WEBB, ANTHONY 8528 OLD COUNTRY MANOR	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP DUCKHAM, JEFFREY 5760 N.E. 17 AVE. FORT LAUDERDALE, FL 33334	☒ Delete	DAVIE FL. 33328	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

CR2E034 (10/02)

12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: ANTHONY WEBB. President [signature] 7/30/03 (954) 854-8997
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #