2001 UNIFORM BUSINESS REPORT (UBR) Apr 20, 2001 8:00 am Secretary of State DCCUMENT # P94000059169 1. Entity Name LIBERTY FINANCIAL REAL ESTATE FUNDING CORPORATIO 04-20-2001 90307 005 ***150.00 Principal Place of Business Mailing Address 2629 MCCORMICK DRIVE 2629 MCCORMICK DRIVE #102 #102 CLEARWATER FL 33759 CLEARWATER FL 33759 US US 2. Principal Place of Business 3. Mailing Address US 191 26750 26750 US 19N. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 550 550 City & State City & State Applied For 4. FEI Number 59-3262957 LEALUATE LENUATER Not Applicable Country \$8.75 Additional 33761 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent --6. Name and Address of Current Registered Agent BRITTS, JARRELL Address (P.O. Box Number is Not Acceptable) 2629 MCCORMICK DRIVE #102 CLEARWATER FL 33759 Zip Code 8. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida SIGNATURE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. DP ☐ Addition 🔀 Change ☐ Delete TITLE TITLE JAMELL BRITIS **BRITTS, JARRELL** 267500519 N SUITESSO 2629 MCCORMICK DR., #102 STREET ADDRESS STREET ADDRESS Cieruma. CITY-ST-7IP CITY-ST-ZIP CLEARWATER FL 33759 ☐ Delete Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP --CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Defete ☐ Change ☐ Addition TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition TITLE Change Change NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CITY-ST-ZIP

AMERIC BLMS MES. 1-6-0

127-7965554x1a