2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # P97000017231 Apr 26, 2000 8:00 am Secretary of State PARTNERS MORTGAGE, INC. 04-26-2000 90210 006 ***150.00 Mailing Address Principal Place of Business 2810 E. OAKLAND PARK BLVD. 2810 E. OAKLAND PARK BLVD. SUITE 200 SUITE 200 FT. LAUDERDALE FL 33306 FT. LAUDERDALE FL 33306-1801 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State 65-0731302 Not Applicable \$8.75 Additional Zip Country Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name GLYNN, RAYMOND E Street Address (P.O. Box Number is Not Acceptable) 2810 E OAKLAND PARK BLVD #200 FT LAUDERDALE FL 33306 Zip Code FL 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) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. 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. REVIER Addition ☐ Delete TITLE TITLE NAME RIVIER, LARRY NAME STREET ADDRESS STREET ADDRESS 2810 E OAKLAND PARK BLVD #200 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 3306 Change Addition TITLE Delete TITLE NAME GLYNN, RAYMOND E NAME STREET ADDRESS STREET ADDRESS 2810 E OAKLAND PARK BLVD #200 CITY-ST-ZIP CITY-ST-ZIP FT LAUDERDALE FL 3306 Addition → Change ☐ Delete TITLE HTLE 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 ☐ Addition ☐ Change ☐ Delete TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Change Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP

I hereby certify that the information supplied with this filling 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.

SIGNATURE:

OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR