

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000000203

1. Entity Name  
Mid Florida Colonial Builders, L.C.

FILED  
01 MAY 29 PM 3:53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business % Ramon S. Hernandez, P.A. 1615 E. Woodward St. Suite A Orlando, Fl. 32803	Mailing Address % Ramon S. Hernandez, P.A. 1615 E. Woodward St. Suite A Orlando, Fl. 32803
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2. Principal Place of Business 2306 Vivada Street Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State Orlando, Fl.	City & State
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Zip 32803	Country USA	Zip	Country
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4. FEI Number 59-3617299	Applied For Not Applicable
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5. Certificate of Status Desired  \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
Lavigne, James R., Esq.  
Lavigne, Coton & Associates, P.A.  
5301 Conroy Road, Suite 140  
Orlando, Fl. 32811

7. Name and Address of New Registered Agent  
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 James R. Lavigne, Esq. DATE May 23, 2001

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEES \$50.00  
Make Check Payable to Department of State

300004423213  
-06/15/01--01095--026  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	President-Member <input type="checkbox"/> Delete Claudio Crivari 2306 Vivada Street Orlando, Fl. 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Vice President-Member <input type="checkbox"/> Delete Oneira Marcano Sisco 2306 Vivada Street Orlando, Fl. 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] Date: 05-23-2001  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (11/00)