

2001 UNIFORM BUSINESS REPORT (UBR)

0005523 AF

DOCUMENT # L00000013935
 1. Entity Name
SENSIBLE HOMES LLC

FILED

01 FEB 12 AM 9:05

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



Principal Place of Business
 - 801 N. MAGNOLIA AVENUE, SUITE 201
 ORLANDO FL 32803

Mailing Address
 801 N. MAGNOLIA AVENUE, SUITE 201
 ORLANDO FL 32803

2. Principal Place of Business
3910 FINCH ST

3. Mailing Address
3910 FINCH ST

Suite, Apt. #, etc.

City & State
ORLANDO FL

City & State
ORLANDO FL

4. FEI Number
59-3682019

Applied For
 Not Applicable

Zip
32803

Country
ORANGE

Zip
32803

Country
ORANGE

5. Certificate of Status Desired \$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
ARNOLD, MATHENY & EAGAN, P.A.
 801 N. MAGNOLIA AVENUE, SUITE 201
 ORLANDO FL 32803

7. Name and Address of New Registered Agent
 Name **MATTHEW G DEBOARD**
 Street Address (P.O. Box Number is Not Acceptable)
3910 FINCH ST
 City **ORLANDO** FL Zip Code **32803**

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 *Matthew G Deboard*
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

9. MANAGING MEMBERS / MEMBERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING DIRECTOR MATTHEW G DEBOARD 3910 FINCH ST ORLANDO, FL 32803	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MANAGING DIRECTOR KEITH PANGLE 1702 DORMONT LANE ORLANDO, FL 32804	<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
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	500003709025 -02/19/01--01024--001 *****50.00 *****50.00	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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
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

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 609, Florida Statutes.

SIGNATURE: *Matthew G Deboard* *2/8/01* *4076475323*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)