

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 24, 2002 8:00 am**  
**Secretary of State**

01-24-2002 90354 011 \*\*\*\*55.00

DOCUMENT # L0100000 9746  
1. Entity Name FL CANAL HOMES, LLC

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 28 ALLAMANDA AVE Suite, Apt. #, etc.  
3. Mailing Address 701 WADDELL ST. Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State KEY WEST, FL City & State KEY WEST, FL 4. FEI Number 65-1140963 Applied For  
Not Applicable  
Zip 33040 Country USA Zip 33040 Country USA 5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name JEANNETTE F. DEDEK  
Street Address (P.O. Box Number is Not Acceptable) 701 WADDELL ST.  
City KEY WEST FL Zip Code 33040

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

**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS  
TITLE MGRM  
NAME JEANNETTE F. DEDEK  
STREET ADDRESS 701 WADDELL ST.  
CITY-ST-ZIP KEY WEST, FL 33040

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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: Jeannette F. Dedek 1-11-02 305-294-0849  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E088B (12/01)