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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000009746

1. Entity Name
FL CANAL HOMES, LLC

Principal Place of Business	Mailing Address
28 ALLAMANDA AVE KEY WEST, FL 33040	701 WADDELL ST KEY WEST, FL 33040

CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	11604 LOGGERHEAD LN Suite, Apt. #, etc.
City & State	City & State: SUGARLOAF FL
Zip / Country	Zip: 33042 Country: MONROE

4. FEI Number: **65-1140963** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☑ **$5.00** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
DEDEK, JEANNETTE F 701 WADDELL ST KEY WEST, FL 33040	Name: DEDEK, JEANNETTE F. Street Address (P.O. Box Number Is Not Acceptable): 11604 LOGGERHEAD LN City: SUGARLOAF FL Zip Code: 33042

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Jeannette F Dedek 02-20-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent's signature required when reinstating) DATE

FILE NOW!!! Fee is $550.00
Make Check Payable to: Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DEDEK, JEANNETTE F 701 WADDELL ST KEY WEST, FL 33040	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM DEDEK, JEANNETTE F. 11604 LOGGERHEAD LN SUGARLOAF, FL 33042	☐ Change ☐ Addition
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CR2E083 (10/02)

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 02-20-03 305-744-0974
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #