

FILED
Jun 05, 2002 8:00 am
Secretary of State

05-15-2002 90134 021 ****50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000018932

1. Entity Name

LIBERTY TOWN HOMES, LLC

Principal Place of Business

2248 FIRST STREET
FT. MYERS FL 33901

Mailing Address

~~2248 FIRST STREET~~
~~FT. MYERS FL 33901~~

2. Principal Place of Business

Suite, Apt. #, etc.

3. Mailing Address

P.O. Box 60912

Suite, Apt. #, etc.

City & State

Zip

Country

City & State

Fort Myers FL

Zip

33906

Country

USA

4. FEI Number

APPLIED FOR

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

WINESETT, RICHARD W
2248 FIRST STREET
FT. MYERS FL 33901

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE: Member
NAME: Kimberly A. Hoschar
STREET ADDRESS: 4115 Prestwick Court
CITY-ST-ZIP: North Ft Myers FL 33903

10. ADDITIONS/CHANGES

TITLE: Change Addition

NAME: Change Addition
STREET ADDRESS: Change Addition
CITY-ST-ZIP: Change Addition

TITLE: Delete
NAME: Delete
STREET ADDRESS: Delete
CITY-ST-ZIP: Delete

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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:

Kimberly A. Hoschar REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/25/02 (941) 997-8802

Daytime Phone #

CFR2083 (9/01)