

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

FILED
May 22, 2002 8:00 am
Secretary of State

05-22-2002 90211 049 ****50.00

DOCUMENT # L01000021656

1. Entity Name
EQUISTAR CUSTOM HOMES, L.C.

DO NOT WRITE IN THIS SPACE

966041

2. Principal Place of Business
9375 SW 93 Place
Suite, Apt. #, etc.

3. Mailing Address
9375 SW 93 Place
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Miami, FL

City & State
Miami, FL

4. FEI Number
65-1138582
Applied For
Not Applicable

Zip Country Zip Country
33176 33176

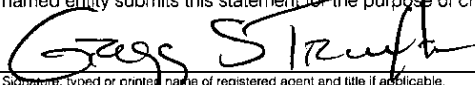
5. Certificate of Status Desired \$5.00 Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Bolanos Truxton, P.A.
Street Address (P.O. Box Number is Not Acceptable)
12800 University Drive
Suite 340
City Ft. Myers FL Zip Code 33907

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

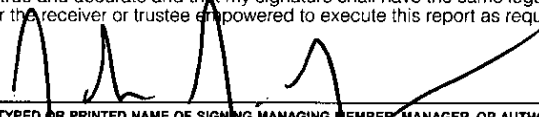
DATE
4/17/2002

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

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Yanopoulos, John J. 9375 SW 93 Place Miami, FL 33176	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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: 
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083B (12/01)