


**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

2/20/2003-90020-034-\$55.00-\$55.00
2/.

DOCUMENT # L02000004153

1. Entity Name
FENIX HOMES AT HIDDEN OAKS LLC



FILED
03 APR -2 AM 8:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

15165 N.W. 77TH AVE. 15165 N.W. 77TH AVE.
SUITE 2002 SUITE 2002
MIAMI LAKES FL 33014 MIAMI LAKES FL 33014



2. Principal Place of Business 3. Mailing Address

14400 NW 77th COURT **14400 NW 77th COURT**

Suite, Apt. #, etc. Suite, Apt. #, etc.

300 **300**

CHECK HERE IF MAKING CHANGES

City & State City & State

Miami Lakes FL **Miami Lakes FL**

Zip Country Zip Country

33016 **USA** **33016** **USA**

4. FEI Number Applied For

91-2186002 Not Applicable

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

6. Name and Address of Current Registered Agent

CONTRERAS, GILBERT A ESQ.
255 ALHAMBRA CIRCLE
SUITE 425
MIAMI LAKES FL 33134

7. Name and Address of New Registered Agent

Charles Herrera Jr
Street Address (P.O. Box Number is Not Acceptable)
14400 NW 77 Court
Suite 300
City State Zip Code
Miami Lakes **FL** **33016**

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: *[Signature]* DATE: **2-17-03**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete
MGRM CONTRERAS, GILBERT A ESQ.	255 ALHAMBRA CIRCLE, SUITE 425	MIAMI LAKES FL 33134	<input type="checkbox"/>
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	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>
TITLE NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/>	<input type="checkbox"/>

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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]* **REQUIRED** DATE: **2-17-03** PHONE: **305-823 8099**

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)