

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

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90180 021 ****50.00

0040406

DOCUMENT # L02000014488

1. Entity Name

TRANS-FLORIDA HOMES, LLC



Principal Place of Business 5660 BROOKLYN AVENUE SARASOTA FL 34231	Mailing Address 5660 BROOKLYN AVENUE SARASOTA FL 34231
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2. Principal Place of Business	3. Mailing Address
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Suite, Apt. #, etc.	Suite, Apt. #, etc.
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City & State	City & State
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Zip	Country	Zip	Country
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4. FEI Number 04-3681950	Applied For Not Applicable
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5. Certificate of Status Desired **\$5.00 Additional Fee Required**



CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**RIDDELL, JEFFERSON F
3400 S. TAMiami TRAIL
SARASOTA FL 34239**

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

SIGNATURE _____ (NOTE: Registered Agent Signature required when reinstating) DATE _____

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	GREER, HEATHER T	
STREET ADDRESS	5660 BROOKLYN AVENUE	
CITY-ST-ZIP	SARASOTA FL 34231	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	MGRM	<input checked="" type="checkbox"/> Delete
NAME	LEBKUECHER, RALPH P	
STREET ADDRESS	5512 COUNTRY LAKES TRAIL	
CITY-ST-ZIP	SARASOTA-FL 34243	

TITLE	MGRM	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	GREER, L. ALLEN	
STREET ADDRESS	5660 BROOKLYN AV.	
CITY-ST-ZIP	SARASOTA, FL 34231	

TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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: *Heather T Greer* **HEATHER T. GREER** 4-26-03 (941) 922-5359
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)