


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

FILED
Apr 15, 2004 8:00 am
Secretary of State

04-15-2004 90113 026 ****50.00

DOCUMENT # <u>L02000026313</u> 1. Entity Name Peerless Homes and Properties, LLC	
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24042939

2. Principal Place of Business 4044 W. Lake Mary Blvd. <small>Suite, Apt. #, etc.</small> #227		3. Mailing Address 4044 W. Lake Mary Blvd. <small>Suite, Apt. #, etc.</small> #227		4. FEI Number 05-0535392		Applied For <input type="checkbox"/> Not Applicable	
City & State Lake Mary, Florida		City & State Lake Mary, Florida		5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required			
Zip 32746	Country Seminole	Zip 32746	Country Seminole				

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DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Kenneth K. Hudson Jr.	
	Street Address (P.O. Box Number is Not Acceptable) 8023 Arcadian Court	
	City Mount Dora	FL Zip Code 32757

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 Kenneth K. Hudson Jr. **Kenneth K. Hudson Jr., Manager** **4/11/04**
Signature, typed or printed name of registered agent and title if applicable. DATE

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

9. MANAGING MEMBERS/MANAGERS			
TITLE	Manager	TITLE	
NAME	Kenneth K. Hudson Jr.	NAME	
STREET ADDRESS	8023 Arcadian Court	STREET ADDRESS	
CITY-ST-ZIP	Mount Dora, FL 32757	CITY-ST-ZIP	
TITLE	Manager	TITLE	
NAME	John Bieman	NAME	
STREET ADDRESS	9600 Weatherstone Court	STREET ADDRESS	
CITY-ST-ZIP	Windermere, FL 34786	CITY-ST-ZIP	
TITLE	Member	TITLE	
NAME	David Rinehart	NAME	
STREET ADDRESS	230 Sutherland Court	STREET ADDRESS	
CITY-ST-ZIP	Apopka, FL 32712	CITY-ST-ZIP	
TITLE	Member	TITLE	
NAME	James A. Quarles	NAME	
STREET ADDRESS	157 Nautica Mile Drive	STREET ADDRESS	
CITY-ST-ZIP	Clemmont, FL 34711	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

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: Kenneth K. Hudson Jr. **Kenneth K. Hudson Jr., Manager** **4/11/04** **352-383-4071**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/02)