


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

**FILED**  
**Mar 17, 2003 8:00 am**  
**Secretary of State**

03-17-2003 90592 020 \*\*\*\*50.00

DOCUMENT # L02000026313  
1. Entity Name  
Peerless Homes and Properties, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business 4044 Lake Mary Blvd. Suite, Apt. #, etc. #227 City & State Lake Mary, Florida Zip 32746-2012 Country USA		3. Mailing Address 4044 Lake Mary Blvd. Suite, Apt. #, etc. #227 City & State Lake Mary, Florida Zip 32746-2012 Country USA	
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DO NOT WRITE IN THIS SPACE

4. FEI Number 05-0535392	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

**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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

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

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Kenneth K. Hudson Jr. 8023 Arcadian Court Mount Dora, Florida 32757	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR James Olivos 3820 Wimbledon Drive Lake Mary, Florida 32746	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM David Rinehart 1731 Queen Path Drive Apopka, Florida 32712	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DO NOT WRITE IN THIS SPACE</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM John Bierman 1160 Coastal Circle Ocoee, Florida 32761	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE 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)(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. 3/12/03 352-383-4071  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CRZE068B (12/02)