FILED

03 OCT 15 AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000031348

1. Entity Name
INSIGNIA HOMES, LLC

Principal Place of Business	Mailing Address
450 STATE ROAD 13 N. JACKSONVILLE, FL 32259	450 STATE ROAD 13 N. JACKSONVILLE, FL 32259

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
623 Oak Street	
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Green Cove Springs, Fl	City & State
Zip: 32043 Country	Zip Country

4. FEI Number: 83-0342769 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
INTREPID REGISTERED AGENT SERVICES, LLC 4741 ATLANTIC BLVD. SUITE D JACKSONVILLE, FL 32207	Name: Steven T Sears Street Address (P.O. Box Number is Not Acceptable) 623 Oak Street City: Green Cove Springs FL Zip Code: 32043

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: Steven T. Sears 10/10/03 4/30/03
(Required, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when changing) DATE

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	Manager Steven T. Sears 1125 Kingsland CT Jacksonville FL 32259	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	Manager James G. Boswell 2218 Yearling Court Orange Park, FL 32073	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	200023816952 10/15/03--01052--004 **100.00	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete		☐ Change ☐ Addition

CR2E083 (10/02)

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 605, Florida Statutes.

SIGNATURE: Steven T. Sears 4/30/03 904 509 2016
SIGNATURE AND TYPED OR PRINTED NAME OF MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

Steven T. Sears 10/10/03