

# 2000 UNIFORM BUSINESS REPORT (UBR)

**DOCUMENT # M99000000189**  
 1. Entity Name  
**COVINGTON HOMES LLC**

FILED  
 SECRETARY OF STATE  
 DIVISION OF CORPORATIONS

00 MAR -6 AM 11:43

Principal Place of Business      Mailing Address  
**3000 TOWN CENTER**      **3000 TOWN CENTER**  
**SUITE 540**      **SUITE 540**  
**SOUTHFIELD MI 48075**      **SOUTHFIELD MI 48075-1173**



2. Principal Place of Business      3. Mailing Address  
 Suite, Apt. #, etc.      Suite, Apt. #, etc.  
 City & State      City & State  
 Zip      Country      Zip      Country

4. FEI Number      Applied For  
**38-3439661**      Not Applicable  
 5. Certificate of Status Desired       **\$5.00 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent  
**COHRS, DENIS A ESQ**  
**2841 EXECUTIVE DRIVE**  
**SUITE 120**  
**CLEARWATER FL 33762**

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.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS / MEMBERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM SCHRAM, BRADLEY J 1760 S TELEGRAPH RD SUITE 300 BLOOMFIELD HILLS MI 48302-0813 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM NODEL, RICHARD M 3000 TOWN CENTER SUITE 540 SOUTHFIELD MI 48075 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MEM PHOENIX LAND DEVELOPMENT CORP. 300 N GREENE STREET SUITE 285 GREENSBORO NC 27401 <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  <i>af3200</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>100003179211--1</b> <b>-03/22/00--01019--012</b> <b>*****50.00 *****50.00</b>
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"/> Change <input type="checkbox"/> Addition
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"/> Change <input type="checkbox"/> Addition

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: *[Signature]*      SIGNATURE REQUIRED      *[Signature]*      Date      Daytime Phone #

CR2E083 (9/99)