

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

**FILED**  
**May 15, 2002 8:00 am**  
**Secretary of State**

05-15-2002 90055 035 \*\*\*\*50.00

DOCUMENT # L00000011470

1. Entity Name

IMAGINATION HOMES, LLC

**DO NOT WRITE IN THIS SPACE**

80102765

2. Principal Place of Business

19455 NW 79 PL

Suite, Apt. #, etc.

3. Mailing Address

19455 NW 79 PL

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Miami, FL

Zip

33015

Country

USA

City & State

Miami, FL

Zip

33015

Country

USA

4. FEI Number

651055370

Applied For

Not Applicable

5. Certificate of Status Desired

\$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Luis M. Rodriguez

Street Address (P.O. Box Number is Not Acceptable)

19800 NW 86 Ct

City Miami

FL

Zip Code 33015

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

Signature typed or printed name of registered agent and title if applicable.

Luis M. Rodriguez, MGR

DATE

4/22/02

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE MGR  
NAME Jose L. Rodriguez  
STREET ADDRESS 70 E. 51 PL.  
CITY-ST-ZIP Hialeah, FL 33013

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE MGR  
NAME Luis M. Rodriguez  
STREET ADDRESS 19800 NW 86 Ct.  
CITY-ST-ZIP Miami, FL 33015

TITLE  
NAME  
STREET ADDRESS  
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:



Luis M. Rodriguez MGR

4/22/02

305-819-0500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083B (12/01)