

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**


**FILED**  
**Apr 25, 2003 8:00 am**  
**Secretary of State**

04-25-2003 90755 044 \*\*\*\*\*55.00

0056870

**DOCUMENT # L00000015032**

1. Entity Name  
**CHARLSE WATT ESTATE HOMES, LLC**



Principal Place of Business      Mailing Address

**16316 BRISTOL POINTE DR.  
DELRAY BEACH FL 33446**      **16316 BRISTOL POINTE DR.  
DELRAY BEACH FL 33446**

2. Principal Place of Business      3. Mailing Address

**9467 Grand Estates Way**      **P.O. BOX 7537**

Suite, Apt. #, etc.      Suite, Apt. #, etc.



CHECK HERE IF MAKING CHANGES

City & State      City & State

**Boca Raton FL**      **Delray Beach FL**

Zip      Country      Zip      Country

**33496**      **USA**      **33482**      **USA**

4. FEI Number      Applied For

**65-1074472**       Not Applicable

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

6. Name and Address of Current Registered Agent

**CHARLSE, STEVEN  
16316 BRISTOL POINTE DR.  
DELRAY BEACH FL 33446**

7. Name and Address of New Registered Agent

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

**CHARLSE, STEVEN**      **23815 ADDISON PLACE COURT**

**BONITA SPRINGS FL**      Zip Code **34134**

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: **[Signature]**      **STEVEN CHARLSE**      DATE: **4-21-03**

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR CHARLSE WATT CUSTOM HOMES INC. 16316 BRISTOL POINTE DR. DELRAY BEACH FL 33446</b> <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGR GRANDFSKY HOLDINGS AMERICA 2255 GLADES ROAD #324A BOCA RATON BEACH FL 33431</b> <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
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>23815 ADDISON PLACE COURT BONITA SPRINGS FL 34134</b> <input checked="" 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
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]**      **STEVEN CHARLSE**      Date: **4/21/03**      Daytime Phone #: **501-487-8800**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #

CR2E083 (10/02)