2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # # 9 ENGINEERED HOMES OF ORLANDO LTD#3 00 APR 26 AM 3: 05 Principal Place of Business Mailing Address 1155 S.SEMORAN BLVD., 1155 S.SEMORAN BLVD.. SUITE#1120 SUITE# 1120 WINTER PARK, FL. 32792 WINTER PARK, FL. 32792 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For 59-3570649 Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name STEPHAN, REINHARD G Street Address (P.O. Box Number is Not Acceptable) 2699 LEE ROAD, SUITE#540 WINTER PARK, FL. 32789 Zip Code FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. Capital Contributions \$1000.00 10. Amount of Capital Contributions-14 MARE CHECK PAYABLE TO DEST OF STATE in FLORIDA to date. SEE REVERSE SIDE FOR FEE INFORMATION A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE. NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner. GENERAL PARTNER INFORMATION ADDRESS CHANGES ONLY 12. 13. DOCUMENT # P99000032641 STREET ADDRESS NAME E.H.CLERMONT HILLS INC. STREET ADDRESS CITY-ST-ZIP 1155 S.SEMORAN BLVD, STE1120 CITY-ST-ZIP WINTER PARK, FL. 32792 DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS MAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME STREET ADDRESS CITY-ST-7IP CITY-ST-ZIF DOCUMENT # STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DOCUMENT # STREET ADDRESS NAME : STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

14. 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 General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE .

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

4-17-00 IGOR TEPLITSKY (401) 678-3939

Daytime Phone f

CRZE003 (9/99)