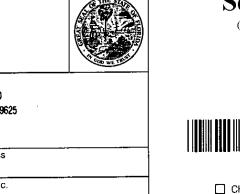
2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR

G34907 **DOCUMENT #**

1. Entity Name

LAKE VALLEY HOMES, INC.



FILED Mar 26, 2003 8:00 am Secretary of State 03-26-2003 90155 039 ***150.00

Principal Place of Business INDIAN TRAIL 250 ANDERSON SC 29625			INDIAN	Malling Address INDIAN TRAIL 250 ANDERSON SC 29625									
2. Principal P	ace of Busin	ess	3. Mail	3. Mailing Address				f (##(fit #### (fit) mi#)	. 1411) 88 111 1 88 1 1	11911 8181			
Suite, Apt.	#, etc.		Suite	Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES					
City & State	3	·	City	City & State			4. F	4. FEI Number 59-2338835			Applied For Not Applicable		
Zip		Country	Zip	Zip Cou			5. 0					8.75 Additional ee Required	
6. Name and Address of Current Registered Agent						7. Name and Address of New Registered Agent							
		<u> </u>	. +.			Name							
WEIDENBENNER, PATRICK H 7037 HERITAGE RIDGE RD				S			Street Address (P.O. Box Number is Not Acceptable)						
TALLAHAS	SEE FL 32	312					·			FL	Zip Cod	de	
						City	<u> </u>				nilias viith	and accept	
the obligat	ions of regist								· .				
Sidivatorie :	Signature, typed	or printed name of registered as	gent and title if app	licable. (NOTE	: Registere	d Agent signature r	equired when re	ainstating)		DATE			
After	May 1, 200	FEE IS \$150.00 Fee will be \$550.0 Florida Departmen	00 t of State					9. Election Camp Trust Fund Co	_	g		00 May Be d to Fees	
	- ayable to	OFFICERS A					AD	DITIONS/CHANGES	TO OFFICERS	AND E	IRECTOR	RS IN 11	
TITLE	S	OFFICENS A	ND BIRCOTO	Delete	TITLE						Change	Addition	
NAME	THORSO, 250 INDIAI					E ET ADDRESS -ST-ZIP							
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TITLE NAME STREET ADDRESS		- 4- 1	. <u> </u>	☐ Delete	TITLI * NAM	E .				~- [Change	Addition	
CITY-ST-ZIP						-ST-ZIP							
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12. I hereby certify that the information supplied with this filling 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee experience to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachmen with an address, with all other like empowered.

SIGNATURE: