9/25/2002-90115-041-$50.00-$50.00

FOR PROFIT CORPORATION
UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT 10 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
873585

DOCUMENT # L00000004513

1. Entity Name
Acadia Homes, L. L. C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
10142 Canopy Tree Court	10142 Canopy Tree Court
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Orlando, FL	City & State: Orlando, FL
Zip: 32836-5941 Country: US	Zip: 32836-5941 Country: US

DO NOT WRITE IN THIS SPACE

4. FEI Number: 593641295 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: John Laguardia

Street Address (P.O. Box Number is Not Acceptable):
10142 Canopy Tree Court

City: Orlando FL Zip Code: 32836-5941

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: John Laguardia 9/20/2002
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating) DATE

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. ☑
(See criteria on back)

January 1 - May 1 Fee is $150.00
After May 1, Fee is $550.00
Amended UBR is $61.25
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

11. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Managing Partner John Laguardia 10142 Canopy Tree Court Orlando, FL 32836-5941
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	
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CR2E034B (12/01)

13. 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 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE: John Laguardia 9/20/2002 407-363-0705
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #