

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

FILED
Feb 26, 2003 8:00 am
Secretary of State

02-26-2003 90032 020 ****50.00

DOCUMENT # L00000004513

1. Entity Name

ACADIA HOMES, L.L.C.



Principal Place of Business

Mailing Address

~~10142 CANOPY TREE COURT~~
~~ORLANDO FL 32836-5941~~

~~10142 CANOPY TREE COURT~~
~~ORLANDO FL 32836-5941~~

2. Principal Place of Business

400 W. New England Ave

3. Mailing Address

Suite Apt. # etc.

City & State

Zip

Country

Zip

Country

Suite Apt. # etc.

Winter Park, FL

32789

USA



☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 59-3641295

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

LAGUARDIA, JOHN

~~10142 CANOPY TREE COURT~~
~~ORLANDO FL 32836-5941~~

Name

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

400 W. New England Ave

Suite 9

City

Winter Park

FL

Zip Code

32789

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

(NOTE: Registered Agent signature required when reinstating)

DATE

1/22/03

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR ☐ Delete
NAME LAGUARDIA, JOHN
STREET ADDRESS 10142 CANOPY TREE COURT
CITY-ST-ZIP ORLANDO FL 32836-5941

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
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STREET ADDRESS
CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083 (10/02)