

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000005483

FILED
Apr 11, 2002 8:00 AM
Secretary of State

Entity Name: IANFER HOMES, L.C.

Current Principal Place of Business:

C/O YANNONE GAETANO
290 NW 165 STREET PLAZA 100
MIAMI, FL 33169

New Principal Place of Business:

100 E LINTON BLVD.
SUITE 111-B
DELRAY BEACH, FL 33483 US

Current Mailing Address:

C/O YANNONE GAETANO
290 NW 165 STREET PLAZA 100
MIAMI, FL 33169

New Mailing Address:

100 E LINTON BLVD.
SUITE 111-B
DELRAY BEACH, FL 33483 US

FEI Number: 65-1007798

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

FELDENKRAIS, MICHAEL ESQ
FELDENKRAIS & ASSOCIATES PA
290 NW 165 STREET PLAZA 100
MIAMI, FL 33169 US

Name and Address of New Registered Agent:

FELDENKRAIS, MICHAEL ESQ
201 SOUTH BISCAYNE BLVD.
34TH FLOOR - MIAMI CENTER
MIAMI, FL 33131 US

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:

04/11/2002

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: GAETANO, YANNONE FER, RARA
Address: 290 NW 165 STREET
City-St-Zip: MIAMI, FL 33169

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: GAETANO, YANNONE FER, RARA
Address: 100 E LINTON BLVD.
City-St-Zip: MIAMI, FL 33483 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: GAETANO, YANNONE FERRARA

MGRM

04/11/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date