	1 UNIFO	rm Busi	INESS REPO	RT (UB	R)		FILED	•		
DOCUMENT # L0000006354						01 JUN -6 AM 7: 42				
1. Entity Name HITCHENS QUALITY HOMES, L.L.C.										
	مري	*				, ŠEČI TALL <i>i</i>	RETARY OF S AHASSEE, FL	TATE ORIDA		
•	ice of Business	~	Mailing Address							
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		•	WALLOUIN IE GAZZE			 (#1) ##1	NI ARIS DANG BASA ARIS	MERLI BERNI MENIN BRIDE RIV	DE SINS BEST 1981	
A District	Division (D		T	<u> </u>		.				
_ 858	Place of Business	Blud.	3. Mailing Address 1858 Rind	ine Blu	d) 1			
Suite, Apr	t. #, etc.		Suite, Apt. #, etc.	3			DO NOT WRITE	IN THIS SPACE		
Sava	seta FI	- ;	Sity & State	Fl.		4. FELNumber	गरक्य		pplied For	7
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JAENSCH, P. CHRISTOPHER 2198 MAIN-SI				Street	Address (F	O. Box Number is	Not Acceptable)	3		
	TA FL 34287		•	180	(D		Blad			1
		7,		City	Drus	ingling	15100.	FL ZpGo	ie ,	
8. The above	e named entity submit	s this statement for	the purpose of changing its			ed agent, or both, i	n the State of Florid		<u> </u>	1
-	Pa m	ا می	. ,	•	•					J.
SIGNATURE		الكلافساولا	<u> </u>				الع	20/01		1
SIGNATURE	Signature, typed or printed n	name of registered agent ar	nd title if applicable (NOTE:	Registered Agent sign	ature required	when reinstating)	5/	DATE DATE		
SIGNATURE	Signature, typed or printed n		FILE NO	W!!! FEE IS	\$50.00		5/:	DATE		
SIGNATURE	Signature, typed or printed n	name of registered agent ar	FILE NO	W!!! FEE IS	\$50.00		5 :	DATE		
9.	M		FILE NO Make Check Pay	W!!! FEE IS	\$50.00		ADDITIONS/CH	DATE		
		ANAGING MEMBE	FILE NO Make Check Pay	W!!! FEE IS rable to Depar	\$50.00 tment of	State	ADDITIONS/CH	DATE	Addition	1000
9. Title Ñame Street address	MGRM HITCHENS, RALF 3949 WAKE AVE	ANAGING MEMBE	FILE NO Make Check Pay	WIII FEE IS rable to Depai	\$50.00 tment of	State	ADDITIONS/CH	DATE	Addition	(00/14/00)
9. TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM HITCHENS, RALF 3949 WAKE AVE SARASOTA FL 3	ANAGING MEMBE	FILE NO Make Check Pay	NVIII FEE IS rable to Depai 10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	\$50.00 tment of	State	ADDITIONS/CH	DATE ANGES Change		225002 (44,00)
9. Title Ñame Street address	MGRM HITCHENS, RALF 3949 WAKE AVE	ANAGING MEMBE	FILE NC Make Check Pay	WIII FEE IS rable to Depai	\$50.00 tment of	State Garden L sola, Fl	ADDITIONS/CH Ana 34242	DATE		ODSER00 (44,00)
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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 fuses empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

AMATURE REQUIRED SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

5/50/01