

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000007503

Entity Name: ARACLE HOMES, L.L.C.

FILED
Apr 28, 2003
Secretary of State

Current Principal Place of Business:

6798 CROSSWINDS DRIVE NORTH, SUITE A-101
ST. PETERSBURG, FL 33710

New Principal Place of Business:

Current Mailing Address:

6798 CROSSWINDS DRIVE NORTH, SUITE A-101
ST. PETERSBURG, FL 33710

New Mailing Address:

FEI Number: 59-3662804

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NEWSOME, LARRY J
6798 CROSSWINDS DRIVE NORTH, SUITE A-101
ST. PETERSBURG, FL 33710 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: ARACLE REALTY, LLC,
Address: 6798 CROSSWINDS DR. N, A-101
City-St-Zip: ST. PETERSBURG, FL 33710

Title: MEM (X) Delete
Name: COMMUNITY BENEFIT NE, TWORK, INC
Address: 3737 CENTRAL AVENUE
City-St-Zip: ST. PETERSBURG, FL 33713

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: MGR () Change (X) Addition
Name: NEWSOME, LARRY J
Address: 6798 CROSSWINDS DR. N STE. A-101
City-St-Zip: ST PETERSBURG, FL 33710

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: LARRY J. NEWSOME

MGR

04/28/2003

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