LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

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DOĆU	IMENT # L 0000000 7886	FILED
1. Entity Nat	nous Homes at Lakes-6-	02 APR -3 PM 1:09
PIEC	yous fants as haves-b-	'' I SPIRO DE JAIL
		TALLAHASSEE, FLORIDA
DO NOT WRITE IN THIS SPACE		
2 Principal	Place of Business 3. Mailing Address	
1361	7 SW 142 TURY P.O. BOX.	161890
Suite, Apt	. #, etc. Suite, Apt. #, etc.	DO NOT WRITE IN THIS SPACE
MIG. Sta	mi A. Miami	4. FEI Number Applied For Not Applied For Not Applied For
Zip-3-3/	186 Country Zip-33/1/0	Country 5. Certificate of Status Desired 55.00 Additional Fee Required
		7. Name and Address of Current Registered Agent
	DO NOT WRITE	Street Address (P.O. Box Number is Not Acceptable)
	IN THIS SPACE	12,000 612 11/2 440
		City NO 1 CONTROL EL ZEROSE I C/
8. The above name gently submits stagened to the purpose of changing its registered office or registered agent, or both, in the State of Florida.		
What Ar D		
SIGNATURE Symbol ryled of the period name of registry by degree and still a applicable.		
FEE IS \$50.00 Make Check Psyable to Department of State		
DUE BY MAY 1		
9. TITLE	MANAGING MEMBERS/MANAGERS	me 3
NAME STREET ADDRESS	Victor F. Seijas	NAME STREET ADDRESS CITY-ST-2P 80
CITY - ST - ZIP	Victor F. Seijas 13799 SW 14379 Miami, A. 33186.	CILY-21-756
NAME	MILLAMI, M. 33186.	TITLE NAME STREET ADDICTORS 30005258513-57 STREET ADDICTORS
STREET ADDRESS CITY-ST-ZIP		STREET ACORESS
TITLE NAME		TITLE NAME
STREET ADDRESS CITY - ST - ZIP		STREET ADDRESS CITY ST-ZIP DO NOT WRITE
TITLE		IN THIS SPACE
NAME STREET ADDRESS		NAME STREET RODRESS
CITY-ST-ZIP THILE		COTY: \$1-28
NAME	The state of the s	MANE
STREET ADORESS		STREET ADDRESS CITY ST-ZIP
DILE NAME		TILE MANE
STREET ADDRESS		STREET ADDRESS CITY: ST-ZPP
11. Thereby certify that the information supplied with this filing does not chalify 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 OF PRINTED NAME CYCLORING MANAGING MEMBER, NANAGER, OR AUTHORIZED REPRESENTATIVE UNIT DOOR !		

PRECIOUS HOMES AT LAKES BY THE BAY,LLC L0000007886

TO: DIVISION OF CORPORATION P.O. BOX 6327 TALLAHASSEE, FL 32314

TO WHOM IT MAY CONCERN:

ENCLOSED YOU WILL FIND THE ANNUAL REPORT FORM ALONG WITH A CHECK PAYABLE TO THE FLORIDA DEPARTMENT OF STATE TO PROPERLY UP-DATE THE ABOVE MENTIONED CORPORATION.

DUE TO A CHANGE OF PRINCIPAL AND MAILING ADDRESS I NEVER RECEIVED FIRST NOR SECOND NOTICE OF SUCH REPORT. PLEASE TAKE THIS LETTER AS AN EXCUSE TO PUT THIS CORPORATION IN ITS CURRENT STATUS.

THANK YOU IN ADVANCE FOR YOUR PROMPT ATTENTION IN THIS MATTER AND IF YOU SHOULD HAVE ANY QUESTION REGARDING THIS LETTER DON'T HESITATE TO CONTACT ME AT THE NEW ADDRESS LISTED IN THE ANNUAL REPORT

CORDIALLY

VICTOR F. SEIJAS

PRESIDENT