

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000008337

1. Entity Name
PORTEN CUSTOM HOMES, L.C.

Principal Place of Business
832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

Mailing Address
832 SOUTH MILITARY TRAIL
DEERFIELD BEACH FL 33442

APPROVED
AND
FILED

01 APR 11 PM 3:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business
666 S. Military Trail
Suite, Apt. #, etc.

3. Mailing Address
666 S. Military Trail
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State		City & State		4. FEI Number	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent CORPCO, INC. 2699 SOUTH BAYSHORE DRIVE, 7TH FLOOR MIAMI FL 33133	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

300004033479--0
-04/19/01--01098--020
*****50.00 *****50.00

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: George J. Corch 3/27/01 954-422-1883
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)