2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 24, 2002 8:00 am
Secretary of State

04-30-2002 90018 034 ****50.00

86182

DO NOT WRITE IN THIS SPACE

DOCUMENT # L00000009337

1. Entity Name
WESTPORT-NIEMANN HOMES, L.L.C.

Principal Place of Business	Mailing Address
9240 BONITA BEACH BLVD., SUITE 1117 BONITA SPRINGS FL 34135	9240 BONITA BEACH BLVD., SUITE 1117 BONITA SPRINGS FL 34135

2. Principal Place of Business	3. Mailing Address
27299 Riverview Center Blvd.	27299 Riverview Center Blvd.
Suite, Apt. #, etc.: Suite #102	Suite, Apt. #, etc.: Suite #102
City & State: Bonita Springs Florida	City & State: Bonita Springs Florida
Zip: 34134 / Country: U.S.	Zip: 34134 / Country: U.S.

4. FEI Number: 59-3665927 APPLIED FOR — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
WINER, STEVEN I 2320 FIRST STREET FT. MYERS FL 33901	Name Street Address (P.O. Box Number is Not Acceptable) City: FL Zip Code

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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR REINERT, KIRT A 9240 BONITA BEACH BLVD., SUITE 1117 BONITA SPRINGS FL 34135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Reinert, Kirt A. 27299 Riverview Center Blvd. #102 ~~Bonita Springs, FL 34134~~ ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BOLING, STEPHEN W 9240 BONITA BEACH BLVD., SUITE 1117 BONITA SPRINGS FL 34135 ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Boling, Stephen W. 27299 Riverview Center Blvd. #102 Bonita Springs, FL 34134 ☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: SIGNATURE REQUIRED — 12 Apr 2002 — 941 947 9353
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

CR2E083 (9/01)