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

CR2E083 (9/01)

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 9365
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #