

2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000009552

1. Entity Name

ANDALUSIA HOMES, L.L.C.

FILED

01 APR 30 AM 11:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

2320 FIRST STREET, SUITE 1000
ATTN: STEVEN W. HUBBARD
FORT MYERS FL 33901

2320 FIRST STREET, SUITE 1000
ATTN: STEVEN W. HUBBARD
FORT MYERS FL 33901



2. Principal Place of Business

3. Mailing Address

1429 SW 49th Terrace

1429 SW 49th Terrace

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State

Cape Coral, FL

City & State

Cape Coral, FL

4. FEI Number

65-1035316

Applied For

Not Applicable

Zip

33914

Country

Zip

33914

Country

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

HUBBARD, STEVEN W
2320 FIRST STREET, SUITE 1000
ROETZEL & ANDRESS
FORT MYERS FL 33901

7. Name and Address of New Registered Agent

Name: James P. Shea
Street Address (P.O. Box Number is Not Acceptable): 5227 SW 11th Ct.
City: Cape Coral FL Zip Code: 33914

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: James P. Shea

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

4/26/01
DATE

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

9. MANAGING MEMBERS/MEMBERS

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS/CHANGES

TITLE: Managing Member ☐ Change ☒ Addition
NAME: James P. Shea
STREET ADDRESS: 5227 SW 11th Ct.
CITY-ST-ZIP: Cape Coral, FL 33914

TITLE: Member ☐ Change ☒ Addition
NAME: Linda A. Shea
STREET ADDRESS: 5227 SW 11th Ct.
CITY-ST-ZIP: Cape Coral, FL 33914

TITLE: ☐ Change ☐ Addition
NAME: 200004220772-8
STREET ADDRESS: -05/16/01-01112-008
CITY-ST-ZIP: *****50.00 *****50.00

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: ☐ Change ☐ Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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: James P. Shea
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4/26/01
Date

941-541-9244
Daytime Phone #

0019466 AF

CR2E083 (11/00)