2002 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # L0000010255 SYMPHONY BUILDERS AT MARINA COVE. LLC Principal Place of Business Mailing Address 1700 NORTH UNIVERSITY DRIVE, SUITE 302 1700 NORTH UNIVERSITY DRIVE, SUITE 302 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. City & State City & State 4. FEI Number Zip Country Country 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent ROTHENBERG, LARRY A P.A. Street Address (P.O. Box Number is Not Acceptable) 900 NORTH FEDERAL HWY, SUITE 460 **BOCA RATON FL 33432** City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 9. MANAGING MEMBERS/MANAGERS 10. **MGRM** TITLE TITLE SYMPHONY BUILDERS AT MARINA COVE INC. NAME STREET ADDRESS 1700 NORTH UNIVERSITY DRIVE, SUITE 302 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS

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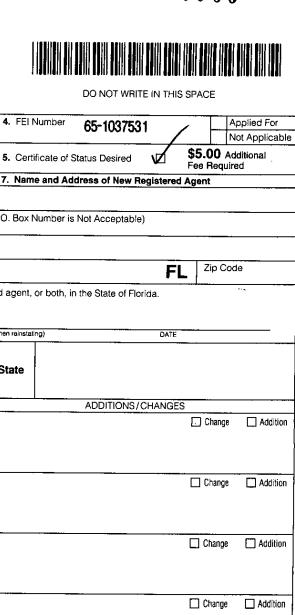
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FILED May 13, 2002 8:00 am Secretary of State

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11. I hereby certify that the information supplied with this filing foes 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 supplied to execute this report as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee engages to execute this report as required by Chapter 608, Florida Statutes.

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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING

MOSCOVITCH 4-29-02 954-341-1499
RAUTHORIZED REPRESENTATIVE Date Daylime Phone #

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