

** Amended **

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000010307

1. Entity Name
LANCASTER ORLANDO DEVELOPMENT, L.L.C.



FILED
03 MAY -7 PM 12:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business
**C10 CAPRI HOMES CORP
735 N. THORNTON AVE
ORLANDO, FL 32803**

Mailing Address
**C10 CAPRI HOMES CORP
735 N. THORNTON AVE
ORLANDO, FL 32803**

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip Country



☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent
**MARCHENA, MARCOS R
233 S. SEMORAN BLVD.
MARCHENA AND GRAHAM, P.A.
ORLANDO, FL 32807**

7. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number Is Not Acceptable)
City **FL** Zip Code

B. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent's signature required when registering) DATE _____

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SIKES, FERNANDO 6145 CURRY FORD RD. ORLANDO, FL 32812	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RASU, INC 735 N. THORNTON AVENUE ORLANDO, FL 32803	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MENA, JUAN A 9762 N.W. 62ND ST., APT. 120 MIAMI, FL 33178	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIFESTYLE BUILDERS OF ORLANDO INC PO BOX 568582 ORLANDO, FL 32856	☐ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM SURA, INC 735 N. THORNTON AVENUE ORLANDO, FL 32803	☒ Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete

10. ADDITIONS/CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Prieto, Mario 735 N. Thornton Ave. Orlando, FL 32803	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
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: Mario Prieto 05/01/03
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)