

# 2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L00000010434

FILED  
Apr 16, 2002 8:00 AM  
Secretary of State

**Entity Name:** SHELBY HOMES/POLO, L.C.

**Current Principal Place of Business:**

2825 UNIVERSITY DR., SUITE 300  
CORAL SPRINGS, FL 33065

**New Principal Place of Business:**

**Current Mailing Address:**

2825 UNIVERSITY DR., SUITE 300  
CORAL SPRINGS, FL 33065

**New Mailing Address:**

**FEI Number:** 65-0136400

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

SIMON, ERIC A  
2825 UNIVERSITY DR., SUITE 300  
CORAL SPRINGS, FL 33065 US

**Name and Address of New Registered Agent:**

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:**

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

**Title:** MGRM ( ) Delete  
**Name:** SIMON, ERIC A  
**Address:** 2825 UNIVERSITY DR., SUITE 300  
**City-St-Zip:** CORAL SPRINGS, FL 33065

**Title:** MGRM ( ) Delete  
**Name:** SHELLEY, ROBERT  
**Address:** 2825 UNIVERSITY DR., SUITE 300  
**City-St-Zip:** CORAL SPRINGS, FL 33065

**ADDITIONS/CHANGES:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

**Title:** ( ) Change ( ) Addition  
**Name:**  
**Address:**  
**City-St-Zip:**

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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:** ERIC A. SIMON

MGRM

04/16/2002

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date