LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 15, 2002 8:00 am
Secretary of State
05-15-2002 90055 035 ****50.00

DOCUMENT # L00000011470

1. Entity Name

IMAGINATION HOMES, LLC

DO NOT WRITE IN THIS SPACE

B0102765

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 19455 NW 79 PL	3. Mailing Address: 19455 NW. 79 PL
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Miami, FL	City & State: Miami, FL
Zip: 33015 Country: USA	Zip: 33015 Country: USA

4. FEI Number 65-1055370 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Luis M. Rodriguez

Street Address (P.O. Box Number is Not Acceptable): 19800 NW. 86 Ct

City: Miami **FL** Zip Code: 33015

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] Luis M. Rodriguez, MGR 4/22/02

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

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR	TITLE	
NAME	Jose L. Rodriguez	NAME	
STREET ADDRESS	70 E. 51 PL.	STREET ADDRESS	
CITY-ST-ZIP	Hialeah, FL 33013	CITY-ST-ZIP	
TITLE	MGR	TITLE	
NAME	Luis M. Rodriguez	NAME	
STREET ADDRESS	19800 NW. 86 Ct.	STREET ADDRESS	
CITY-ST-ZIP	Miami, FL 33015	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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CITY-ST-ZIP		CITY-ST-ZIP	

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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] Luis M. Rodriguez MGR 4/22/02 305-819-0500

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