## \* AMENDED\* LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

02 SEP -9 AM 9: 39 **DOCUMENT#** L00000012639 1. Entity Name Universal Homes, L.L.C DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 800 North Ferncreek Ave. 3. Mailing Address 800 North Ferncreek Ave. Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Orlando, Florida City & State 4. FEI Number x Applied For Orlando, Florida Not Applicable Country Zio Country \$5.00 Additional 5. Certificate of Status Desired 32803 U.S. 32803 U.S. Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Stewart Fenner, Esq. Street Address (P.O. Box Number is Not Acceptable) IN THIS SPACE 800 Nort Ferncreek Ave. City Zip Code Orlando 32803 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, typed or printed name of registered agent and title if applicable FEE IS \$50.00 Make Check Payable to Department of State DUE BY MAY 1 9. MANAGING MEMBERS/MANAGERS TITLE Managing Member TITLE NAME Kalpesh Patel MARKE STREET ADDRESS STREET ADDRESS 130 Liverpool Rd. CITY-ST-ZIP CITY-ST-ZIP Islington, London NI ILA TITLE TIT) F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS City St-7IP DO NOT WRITE CITY-ST-ZIP TITLE TITLE THIS SPACE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

1618102

Daytime Phone

## Tee Persad, Esq.

Attorney and Counselor at Law

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August 22, 2002

Florida Department of State Division of Corporations Post Office Box 6327 Tallahassee, Florida 32314

RE: <u>Universal Homes, L.L.C. Limited Liability Company Uniform Business</u>
Report

Dear Sir or Madam:

Enclosed please find the original Limited Liability Company Uniform Business Report regarding the above-referenced matter and our check in the amount of \$55.00 representing the filing fee for the annual report and costs for providing us with a Certificate of Status regarding this matter.

Thank your for your courtesies regarding this matter.

Sincerely,

The Fersad, Esq.

**Enclosure** 

cc: File