## **2001 UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L0000012716  1. Entity Name HOMES BY ARLINGTON, LLC						FILED  OI APR 12 AM 9: 43			
Principal Place of Business Mailing Address 1280 SEMINOLA BLVD. 1280 SEMINOLA BLVD. CASSELBERRY FL 32707 CASSELBERRY FL 32707							SECRETARY TALLAHASSEE		
Principal Place of Business     3. Mailing Address									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE			
City & Stat	te	City & State				4. FEI Number Applied For Not Applied For Not Applicable			
Zíp	Country	Zip	Cour	ntry		5. Certi	ficate of Status Desired	\$5.00 Add	ditional
6. Name and Address of Current Registered Agent				Name	2 2	7. Nam	e and Address of New Registe	red Agent	
GRAHAM, JESSE E SR.									
					eet Address (P.O. Box Number is Not Acceptable)				
WINTER PARK FL 32789				City				FL Zip Cod	e
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. (NOTE: Registered Agent signature required when reinstating)  DATE									
	Signature, types or printed marrie of registered agents	<del></del>			<u> </u>	neri remstati	(g) Ur	0/2	
		FILE N Make Check Pa		FEE IS S o Depart		State			
9.	MANAGING MEMBI	FRS/MEMBERS	10.				ADDITIONS/CHAN	GES	
TITLE	MGR	Delete	TITLE	<u> </u>	P			Change	Addition
STREET ADDRESS CITY-ST-ZIP GRAHAM, JESSE E SR. 369 NORTH NEW YORK AVENUE, THIRD FLOOR WINTER PARK FL 32789			NAME STREET ADDRES CITY-ST-ZIP		1280	SE(	c G. Schaub. Minola Blub.	25 45 4	
CITY-ST-ZIP TITLE	WINTER FARK FL 32709	☐ Delete	TITLE		CASS	>EL	BERRY, FL.	<u> </u>	☐ Addition
NAME		□ Celete	NAM	E				onlarigo	
STREET ADDRESS CITY-ST-ZIP				ET ADDRESS -ST-ZIP					}
TITLE		☐ Delete	TITLE		ļ .—			☐ Change	Addition
NAME STREET ADDRESS			NAM STRE	e Et address			90000406 -04/24/01	3919 01068	8 8
CITY-ST-ZIP				-ST-ZIP	<u> </u>		*****55.(	]()   ****	55.00
TITLE		☐ Delete	TITLE					☐ Change	☐ Addition
NAME Street Address			NAMI	et address :					
CITY-ST-ZIP			CITY	-ST-ZIP			<del></del>		
TITLE NAME	•	☐ Delete	TITLE NAMI					Change	☐ Addition
STREET ADDRESS				ET ADDRESS					l
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		CITY	-ST-ZIP					
TITLE NAME		☐ Delete	TITLE		ļ			☐ Change	☐ Addition
STREET ADMRESS			STRE	ET ADDRESS					[
CITY-ST-ZIP	antification at the information of the second	Alain Eilin January		-ST-ZIP			70.00		
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: EXECUTE SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Date Date Date Date Date Date Date									