

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L00000013652

1. Entity Name  
AMERICAN CONSOR HOMES, L.L.C.

FILED

01 APR 30 PM 6:21

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

5051 CASTELLO DR., #17  
NAPLES FL 34103

Mailing Address

5051 CASTELLO DR., #17  
NAPLES FL 34103

2. Principal Place of Business

11232 TAMiami TRAIL N.

Suite, Apt. #, etc.

3. Mailing Address

11232 TAMiami TRAIL N.

Suite, Apt. #, etc.

City & State

NAPLES, FLORIDA

City & State

NAPLES, FLORIDA

4. FEI Number

59-368 0589

Applied For

Not Applicable

Zip

34110

Country

U.S.A.

Zip

34110

Country

U.S.A.

5. Certificate of Status Desired ☐

\$5.00 Additional  
Fee Required

6. Name and Address of Current Registered Agent

ROLLER, PETRA  
C/O COAST TO COAST INVESTMENT GROUP  
5051 CASTELLO DR., #17  
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name ROLLER, PETRA  
Street Address (P.O. Box Number is Not Acceptable)  
C/O COAST TO COAST REALTY  
11232 TAMiami TRAIL NORTH  
City NAPLES FL 34110

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.

PETRA ROLLER

(NOTE: Registered Agent signature required when reinstating)

2/10/01

DATE

FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Department of State

200004221252--0  
-05/16/01--01135--012  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

TITLE MANAGING MEMBER ☐ Delete  
NAME WALTER ROLLER  
STREET ADDRESS 930 CARRICK BEND CIR. #201  
CITY-ST-ZIP NAPLES, FL 34110

TITLE PETRA ROLLER ☐ Delete  
NAME PETRA ROLLER  
STREET ADDRESS 930 CARRICK BEND CIR. #201  
CITY-ST-ZIP NAPLES, FL 34110

TITLE DIVCO HOLDING AG ☐ Delete  
NAME DIVCO HOLDING AG  
STREET ADDRESS BAARER STR. 8  
CITY-ST-ZIP ZUG, SWITZERLAND

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Delete  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
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STREET ADDRESS   
CITY-ST-ZIP

TITLE  ☐ Change ☐ Addition  
NAME   
STREET ADDRESS   
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:

Walter Roller WALTER ROLLER 2/10/01 9415132121

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

CR2E083 (11/00)