

2001 UNIFORM BUSINESS REPORT (UBR)**FILED****Apr 23, 2001 08:00 AM**
Secretary of State**DOCUMENT # L00000015201****1. Entity Name**
BUYRIGHT HOMES, LLC

| | |
|--|--|
| Principal Place of Business 12802 BUCKEYE DR. HUDSON FL 34669 | Mailing Address 12802 BUCKEYE DR. HUDSON FL 34669 |
|--|--|

| | |
|---|---|
| 2. Principal Place of Business 12802 BUCKEYE DR. Suite, Apt. #, etc. | 3. Mailing Address 12802 BUCKEYE DR. Suite, Apt. #, etc. |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--------------------------------------|--------------------------------------|
| City & State HUDSON FL | City & State HUDSON FL |
| Zip 34669 | Country US |

| | |
|---|--|
| 4. FEI Number | <input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$5.00 Additional Fee Required |

6. Name and Address of Current Registered Agent

ROBINETTE STEVEN C
12802 BUCKEYE DR.

HUDSON FL 34669**7. Name and Address of New Registered Agent**

Name
ROBINETTE STEVEN C
Street Address (P.O. Box Number is Not Acceptable)
12802 BUCKEYE DR.

City
HUDSON FL Zip Code
34669**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** _____ **04/23/2001**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE**FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State

| 9. MANAGING MEMBERS / MEMBERS | |
|---|---------------------------------|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete |

| 10. ADDITIONS / CHANGES | |
|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGR ROBINETTE STEVEN C 12802 BUCKEYE DR HUDSON FL 34669 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

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:** STEVEN C. ROBINETTE **MGR** **04/23/2001**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (11/00)