

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 16, 2002 8:00 am**  
**Secretary of State**

04-16-2002 90080 038 \*\*\*\*50.00

937812



DO NOT WRITE IN THIS SPACE

**DOCUMENT # L00000015844**

1. Entity Name

**ALTERNATIVES IN HOUSING, LLC**

Principal Place of Business

6389 BRIDGEPORT LN  
 LAKE WORTH FL 33463

Mailing Address

6389 BRIDGEPORT LN  
 LAKE WORTH FL 33463

2. Principal Place of Business

48 SE 1st Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

DeIRay Beach, FL

City & State

Zip - Country

Zip - Country

4. FEI Number

91-2114244

Applied For

Not Applicable

5. Certificate of Status Desired

☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

**ROEMMELE, WARREN**  
**6389 BRIDGEPORT LN**  
**LAKE WORTH FL 33463**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**Due By May 1, 2002**

9. MANAGING MEMBERS/MANAGERS

TITLE ☐ Delete  
 NAME **MGR**  
 STREET ADDRESS **ROEMMELE, WARREN**  
 CITY-ST-ZIP **6389 BRIDGEPORT LN**  
**LAKE WORTH FL 33463**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
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TITLE ☐ Delete  
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 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 **mgr**  
 STREET ADDRESS **PAUL Roemmele**  
 CITY-ST-ZIP **48 SE 1st Ave, DeIRay Beach, FL 33444**

TITLE ☐ Change ☒ Addition  
 NAME **mgr.**  
 STREET ADDRESS **Richard Mcmillan**  
 CITY-ST-ZIP **48 SE 1st Ave, DeIRay Beach, FL 33444**

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

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: X Warren Roemmele**

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

**4-5-2002 561-642-2531**

Date

Daytime Phone #

CR2E083 (9/01)