## 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

## DOCUMENT # L0100000115

1. Entity Name

BOVIS HOMES FLORIDA, LLC



**FILED** Mar 05, 2003 8:00 am Secretary of State
03-05-2003 90298 028 \*\*\*\*50.00

				SO WE TRUS						
Principal Pla	ice of Business	Mailing Address		<u> </u>	1					
1916 BOOTHE CIRCLE		1916 BOOTHE CIRCLE LONGWOOD FL 32750	1916 BOOTHE CIRCLE							
2. Principal	Place of Business	0.11-7-111-					ii) <b>fi</b> iii <b>fi</b> iii <b>1</b> 1			
		3. Mailing Address	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.			☐ CHECK HER	E IE MAKING	CHANGE	e	
City & State		City & Ctata	City & Create					OTRIVOL		
		City & State	City & State		4. FEI Number 59-3687673 Applied For Not Applicate					
Zip	Country	Zip	Count	ry	5. Certifica	ate of Status Desired		\$5.00 A	dditional	
	6. Name and Address of C	Current Registered Agent				nd Address of New		Fee Requi		
				Name	T. Haine a	IIG AGGIESS OF NEW	negistered i	Agent		
	, ARTHUR		ŀ	Street Address /	(BO Pov Num	bay is Not Assessed	.(-)	<del></del> .		
	8 BOOTHE CIRCLE IGWOOD FL 32750		ļ	Olicel Address (	U O, BOX INUM	ber is Not Acceptab	ne)			
LOIT	101100 I E 02100									
			F	City	· · · · · · · · · · · · · · · · · · ·		FL	Zip Co	de	
8. The above	named entity submits this state	ment for the purpose of changing its	s registere	d office or register	ad agent or b	oth in the Otate of S			<u> </u>	
the obligat	tions of registered agent.	, , ,	2 / og / ot or or	a;omee or register	ed agent, or b	out, in the State of F	nonda. Tam i	amınar with	, and accep	
SIGNATURE .										
	Signature, typed or printed name of register	ed agent and title if applicable. (NOT	E: Registered	Agent signature required	when reinstating)		DATE			
		FILE N	OW!!! F	EE IS \$50.00	:					
		Maka Okaski Barret								
		Make Check Payab	le to Fio	rida Departmei	nt of State					
, <u></u>		Du	le to Fio e By May	rida Departmei y 1, 2003	nt of State					
·		MEMBERS/MANAGERS	le to Flore e By May	rida Departmei y 1, 2003	nt of State	ADDITIONS	CHANGES			
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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.

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