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



**FILED** Feb 20, 2003 8:00 am Secretary of State 02-20-2003 90020 032 \*\*\*\*55.00

1. Entity Name	
FENIX HOMES OF FLORIDA, LLC	
Principal Plans of Pusings	GOO WE IT

Principal P	lace of Business	Mailing Address						
15165 N.W. 7 MIAMI FL 33	77TH AVE STE. 2002 014	15165 N.W. 77TH AVE., STE. 2002 MIAMI FL 33014						
144	al Place of Business OO WW 77 Moourt pt. #, etc.	3. Mailing Address 14400 NW 77 - Suite, Apt. #, etc. 300	COURT		CHECK HEF	RE IF MAKING CH		18101 GIN 1981
Mian	ui lakes Fl		S FC	4. FEI Nu	umber 65-10836	01		Applied For Not Applicable
336	6. Name and Address of Current F	33016 Cou	ntry 5A		cate of Status Desired	Fee	00 Ad Requir	dditional
		registered Agent	N <b>a</b> me (	7. Name	and Address of New	Registered Agen	it	
	RRERA, CARLOS JR.	the second of the second of	Carl	05 Ke	vieru) I	TR	., نب	_
151	165 N.W. 77TH AVE., STE. 2002		Street Addre	ess (P.O. Box Nu	mber is Not Acceptab	ole)		
MIA	MI FL 33014		1776	20 N4	277"C	ourt_		
		•	300					
			Phin	ر ا زیر	KER	FL Z	in Cor	de 1/
8. The abov	re named entity submits this statement for ations of registered agent.	the purpose of changing its register	ed office or regi	istered agent or	both in the State of F	Topida Lauré III	<u> ජර</u> ු	010
unc oblige	attoris or tegistered agent.		J	and a good, or	John, Wale State Of F	ionua. Tam iamilia	ar with,	and accept
SIGNATURE		<u> </u>						
	Signatur Typed or printed name of registered agent and	d title if applicable. (NOTE: Registere	d Agent signature req	julred when reinstating)		DATE		<del></del>
		FILE NOW!!!	FEE IS \$50.0	00				·
		Make Check Payable to Flo	orida Departi	ment of State				
		Due By Ma	ay 1, 2003					
9.	MANAGING MEMBERS	S/MANAGERS 10.			ADDITIONS	CHANGES		
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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:

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