

2002 UNIFORM BUSINESS REPORT (UBR)

0033315

DOCUMENT # **L01000002240**

1. Entity Name

AFFORDABLE HOMES, LLC**FILED****02 DEC 16 AM 9:32**SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business 510 38TH STREET WEST PALM BEACH FL 33407 3540 Forest Hill Blvd 112-J West Palm Beach, FL 33406	Mailing Address 510 38TH STREET WEST PALM BEACH FL 33407 3540 Forest Hill Blvd 112-J West Palm Beach, FL 33406
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2. Principal Place of Business 321 NORTHERN BLVD #204	3. Mailing Address 321 NORTHERN BLVD #204
Suite, Apt. #, etc. NORTHERN PALM BEACH	Suite, Apt. #, etc. 204
City & State FL	City & State
Zip 33408	Country USA

4. FEI Number 65-1078851	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

CRIPPEN, BETTY 510 38TH STREET WEST PALM BEACH FL 33407
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7. Name and Address of New Registered Agent

Name DAVID CARTER JR
Street Address (P.O. Box Number is Not Acceptable) 321 NORTHERN BLVD, ST-204
3540 Forest Hill Blvd 112-J
City WEST PALM BEACH
State FL
Zip Code 33408

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]** member mgr. DATE **3-26-02****FILE NOW!!! FEE IS \$50.00**
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member mgr BETTY CRIPPEN 510 38TH ST WEST PALM BEACH, FL 33407 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	member mgr DAVID CARTER JR 321 NORTHERN BLVD #204 WEST PALM BEACH, FL 33401 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	member mgr JAMES THOMAS 2008 IVY CHASE LANE NORCROSS, GA 30092 <input checked="" type="checkbox"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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"/> Delete	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)(f), 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]** SIGNATURE REQUIRED DATE **3-26-02** DAYTIME PHONE # **561-248-2188**

CR2ED083 (9/01)