9/11/2002-90128-004-$50.00-$50.00

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

FILED
02 OCT 25 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L01000002991

1. Entity Name

ARTISIAN EXECUTIVE HOMES, LLC

DO NOT WRITE IN THIS SPACE

979938

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2. Principal Place of Business	3. Mailing Address
13929 Walden Sheffield Rd	←Same
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Dover FLA	City & State: Dover FLA
Zip: 33527 Country: Hillsborough	Zip: 33527 Country: Hillsborough

4. FEI Number: 59-3702783 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$5.00** Additional Fee Required

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7. Name and Address of Current Registered Agent

Name: William A. Smith

Street Address (P.O. Box Number is Not Acceptable): 13929 Walden Sheffield Rd

City: Dover FL Zip Code: 33527

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: William A. Smith — DATE: 10-23-02
Signature, typed or printed name of registered agent and title if applicable.

FEE IS $50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM
NAME	William A. Smith
STREET ADDRESS	13929 Walden Sheffield Rd.
CITY-ST-ZIP	Dover FL 33527
TITLE	MGR
NAME	Cheryl C. Smith
STREET ADDRESS	13929 Walden Sheffield. Rd
CITY-ST-ZIP	Dover FL 33527
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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CR2E083B (12/01)

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: William A. Smith — 9-9-02 — (813) 478-1746
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #