

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 28, 2004 8:00 am
Secretary of State

04-28-2004 90058 050 ***150.00

DOCUMENT # L01000003093

1. Entity Name
CUDMORE ESTATE HOMES, LLC



24056751



Principal Place of Business Mailing Address
8075 TWIN LAKE DR. **8075 TWIN LAKE DR.**
BOCA RATON, FL 33486 **BOCA RATON, FL 33486**

2. Principal Place of Business 3. Mailing Address
1200 S. ROGERS CIRCH Suite, Apt. #, etc.
 Suite, Apt. #, etc. Suite, Apt. #, etc.

04142004 Chg-LLC CR2E083 (10/03)

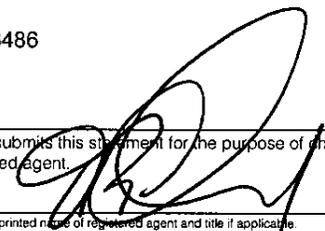
City & State City & State
Boca Raton FL City & State
 Zip Country Zip Country
33486 **USA**

4. FEI Number Applied For
65-1119198 Not Applicable

5. Certificate of Status Desired \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
CUDMORE, TERENCE
8075 TWIN LAKE DR.
BOCA RATON, FL 33486

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. I am familiar with, and accept the obligations of registered agent.
 SIGNATURE  DATE

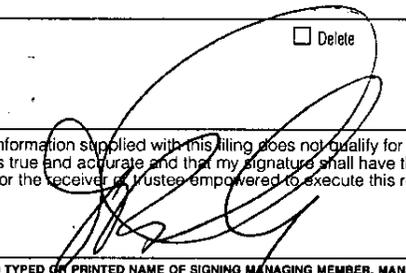
**Filing Fee is \$50.00
 Due by May 1, 2004**

**Make check payable to
 Florida Department of State**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P CLIDMORE, TERENCE 8075 TWIN LAKE DR BOCA RATON, FL 33496 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PICON, ROBERT 7534 ISLA VERDE WAY DELRAY BEACH, FL 33446 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Delete

10. ADDITIONS/CHANGES	
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"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	 <input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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:  Date: **4/14/04** Daytime Phone #: **561-995-8989**