

# 2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000013257

FILED  
Apr 30, 2003  
Secretary of State

**Entity Name:** SOUTHERN HOMES HOLDING GROUP, L.L.C.

**Current Principal Place of Business:**

12900 S.W. 128TH STREET  
SUITE 100  
MIAMI, FL 33186

**New Principal Place of Business:**

**Current Mailing Address:**

12900 S.W. 128TH STREET  
SUITE 100  
MIAMI, FL 33186

**New Mailing Address:**

**FEI Number:** 65-1138365

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

GARCIA, WILLIAM  
201 ALHAMBRA CIRCLE, SUITE 500  
CORAL GABLES, FL 33134 US

**Name and Address of New Registered Agent:**

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:

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MEMBERS:**

Title: MGR ( ) Delete  
Name: GARCIA, HECTOR JR.  
Address: 12900 S.W. 128TH STREET, SUITE 100  
City-St-Zip: MIAMI, FL 33186

Title: MGR (X) Delete  
Name: AGUIRRE, GERARDO L  
Address: 12900 S.W. 128TH STREET, SUITE 100  
City-St-Zip: MIAMI, FL 33186

**ADDITIONS/CHANGES:**

Title: MGR (X) Change ( ) Addition  
Name: SOUTHERN HOMES OF BR, OWARD, INC  
Address: 12900 S.W. 128TH STREET, SUITE 100  
City-St-Zip: MIAMI, FL 33186

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: HECTOR GARCIA

P

04/30/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date