## 2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

## Jun 03, 2002 8:00 am Secretary of State DOCUMENT # L01000013323 1. Entity Name 05-07-2002 90386 016 \*\*\*\*50.00 PANITZ SIGNATURE HOMES, L.L.C. Principal Place of Business Mailing Address 830-13 A1A NORTH #464 830-13 A1A NORTH #464 PONTE VEDRA BEACH FL 32082 PONTE VEDRA BEACH FL 32082 90583 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-37367 Not Applicable Zip Country Zin Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Addrass of New Registered Agent AMITH HULSEY & BUSEY Street Address (P.O. Box Number is Not Acceptable) 225 WATER STREET SUITE 1800 JACKSONVILLE FL 32202 City 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. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State Due By May 1, 2002 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM TITLE ☐ Delete me (9/01) ☐ Change ☐ Addition NAME HAMBY, ROBERT NAME 120 OLD PONTE VEDRA DRIVE STREET ADDRESS STREET ADDRESS CR2E083 CITY-ST-ZIP PONTE VEDRA BEACH FL 32082 CITY-ST-ZIP TILE ☐ Delete TITLE ☐ Change ☐ Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-718 CITY-ST-ZIP ☐ Delete TITLE Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DDE Delete ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 eath; 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.

**FILED**