2003 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 18, 2003
Secretary of State

DOCUMENT# L01000013659

Entity Name: SOUTHWEST FLORIDA HOMES, L.L.C.

Current Principal Place of Business:

1922 SE 21ST STREET
CAPE CORAL, FL 33990

New Principal Place of Business:

5203 STRATFORD CT
CAPE CORAL, FL 33904

Current Mailing Address:

1922 SE 21ST STREET
CAPE CORAL, FL 33990

New Mailing Address:

5203 STRATFORD CT
CAPE CORAL, FL 33904

FEI Number: **FEI Number Applied For ( )** **FEI Number Not Applicable (X)** **Certificate of Status Desired (X)**

Name and Address of Current Registered Agent:

GREENBAUM, SCOT D
1922 SE 21ST STREET
CAPE CORAL, FL 33990

Name and Address of New Registered Agent:

GREENBAUM, SCOT D
5203 STRATFORD CT
CAPE CORAL, FL 33904

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: SCOT D. GREENBAUM 04/18/2003
Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM ( ) Delete
Name: GREENBAUM, SCOT D
Address: 1922 SE 21ST STREET
City-St-Zip: CAPE CORAL, FL 33990

Title: MGRM (X) Delete
Name: GREENBAUM, VALERIE A
Address: 1922 SE 21ST STREET
City-St-Zip: CAPE CORAL, FL 33990

ADDITIONS/CHANGES:

Title: MGRM (X) Change ( ) Addition
Name: GREENBAUM, SCOT D
Address: 5203 STRATFORD CT
City-St-Zip: CAPE CORAL, FL 33904

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: SCOT D. GREENBAUM MGRM 04/18/2003
Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date