04/26/2002 12:39 4076394520 HIGGINBOTHAM

FILED
May 22, 2002 8:00 am
Secretary of State
05-22-2002 90211 047 ****50.00

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000014336

1. Entity Name
Easy Lifestyle Homes, L.L.C. ✓

966043

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1311 Greenwood Street	1311 Greenwood Street
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: Titusville, Fl.	City & State: Titusville, Fl.
Zip: 32780 Country: USA	Zip: 32780 Country: USA

DO NOT WRITE IN THIS SPACE

4. FEI Number: 59-3746108 ☐ Applied For ☐ Not Applicable

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

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name: Ashley, Linda S.

Street Address (P.O. Box Number is Not Acceptable): 1311 Greenwood Street

City: Titusville FL Zip Code: 32780

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: Linda Ashley (Signature, typed or printed name of registered agent and title if applicable) DATE: 4/25/2002

FILED
May 22, 2002
Secretary of State

9. MANAGING MEMBERS/MANAGERS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Accessible Structures, Inc. 1311 Greenwood Street Titusville, Fl. 32780
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM Barrier Free Life Syyle, Inc. 2340 Ballard Avenue Orlando, Fl 32833
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	

DO NOT WRITE IN THIS SPACE

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: 04/25/2002 321-268-0497

SIGNATURE AND TYPED OR PRINTED NAME OF MGRMG MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #

JAMES ASHLEY PRESIDENT