

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000015742

FILED
Apr 29, 2003
Secretary of State

Entity Name: PARAMOUNT HOMES OF SOUTHWEST FLORIDA, LLC

Current Principal Place of Business:

4110 ENTERPRISE AVE., STE. 214
NAPLES, FL 34104

New Principal Place of Business:

Current Mailing Address:

4110 ENTERPRISE AVE., STE. 214
NAPLES, FL 34104

New Mailing Address:

FEI Number: 59-3738400

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

KETCHUM, SCOTT M
4001 TAMIAMI TRAIL NORTH, STE. 300
NAPLES, FL 34103 US

Name and Address of New Registered Agent:

WHITEMORE, KARI
4110 ENTERPRISE AVE. SUITE 205
NAPLES, FL 34104 US

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: KARI WHITEMORE

04/29/2003

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: BRAVERMAN, NEIL K
Address: 4156 BRYNWOOD DR
City-St-Zip: NAPLES, FL 34119

Title: MGRM () Delete
Name: BRAVERMAN, DAVID
Address: 4418 NOVATO CT
City-St-Zip: NAPLES, FL 34109

Title: MGRM () Delete
Name: COMPAGNONE, RICHARD
Address: 1200 COBIA COURT
City-St-Zip: NAPLES, FL 34102

ADDITIONS/CHANGES:

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

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

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: DAVID BRAVERMAN

MGRM

04/29/2003

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