

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 25, 2002 8:00 am
Secretary of State

04-25-2002 90005 046 ****55.00

DOCUMENT # L01000018024

1. Entity Name
FENIX HOMES OF FLORIDA AT DORAL LLC ✓

Principal Place of Business

255 ALHAMBRA CIRCLE
 SUITE 425
 CORAL GABLES FL 33134

Mailing Address

255 ALHAMBRA CIRCLE
 SUITE 425
 CORAL GABLES FL 33134

2. Principal Place of Business

15165 N.W. 77 AVE

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

2002

City & State
MIAMI, FL.

City & State

Zip

Country

Zip

Country

33014 DADE

4. FEI Number

☒ Applied For
☐ Not Applicable

5. Certificate of Status Desired

☒ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

MANICK, ROSENBERG & CONTRERAS LLP
255 ALHAMBRA CIRCLE
SUITE 425
CORAL GABLES FL 33134

7. Name and Address of New Registered Agent

Name **CARLOS HERRERA JR.**

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

15165 N.W. 77 AVE

SUITE 2002

City

MIAMI

FL

Zip Code

33014

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]**

(NOTE: Registered Agent signature required when reinstating)

DATE

4/17/02

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

TITLE **MGR** ☒ Delete
 NAME **CONTRERAS, GILBERT A**
 STREET ADDRESS **255 ALHAMBRA CIRCLE**
 CITY-ST-ZIP **CORAL GABLES FL 33134**

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
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TITLE ☐ Delete
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 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

10. ADDITIONS/CHANGES

TITLE **MGR** ☒ Change ☐ Addition
 NAME **CARLOS HERRERA JR.**
 STREET ADDRESS **15165 N.W. 77 AVE. SUITE 2002**
 CITY-ST-ZIP **MIAMI, FL. 33014**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 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 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: **[Signature]**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

4/17/02

Daytime Phone #

CR2E083 (9/01)