2002 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MAN

May 22, 2002 8:00 am Secretary of State DOCUMENT # L01000019091 05-22-2002 90215 047 ****50 00 FAMILYCRAFT CUSTOM HOMES, LLC Principal Place of Business Mailing Address 4830 WEST KENNEDY BLVD. 4830 WEST KENNEDY BLVD. 966265 SUITE 695 SUITE 695 TAMPA FL 33609 TAMPA FL 33609 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State Applied For Not Applicable Zip Country Country Fee Required ____ 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name HARRIS, ROLAND A Street Address (P.O. Box Number is Not Acceptable) 4830 WEST KENNEDY BLVD. SUITE 695 **TAMPA FL 33609** 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. SIGNÁTURE 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 9. 10. ADDITIONS/CHANGES **MGRM** TITLE (9/01) ☐ Delete TITLE ☐ Change ☐ Addition PENLAND VENTURES INCORPORATED NAME NAME STREET ADDRESS 4830 WEST KENNEDY BLVD. STREET ADDRESS CITY-ST-ZIP **TAMPA FL 33609** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-2/P CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ 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 shell 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 rustee empowered to execute this report as required by Chapter 608, Florida Statutes.

FILED

4-30-02 813-282-8834