

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L01000020372

Entity Name: DUNRITE HOMES, L.L.C

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

Current Principal Place of Business:

1425 VILLAGE GREEN DRIVE
PORT SAINT LUCIE, FL 34952 US

New Principal Place of Business:

Current Mailing Address:

1425 VILLAGE GREEN DRIVE
PORT SAINT LUCIE, FL 34952 US

New Mailing Address:

FEI Number: 65-1156422

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

RICKEY L. FARRELL, ATTORNEY AT LAW, P.A.
1595 S.E. PORT SAINT LUCIE
PORT SAINT LUCIE, FL 34952 US

Name and Address of New Registered Agent:

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:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MEMBERS:

Title: MGRM () Delete
Name: DELROWE, DANIEL J
Address: 1715 TIFFANY DRIVE
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: MGRM () Delete
Name: DUDLEY, ROBERT P
Address: 1888 S.W. BAYSHORE BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

Title: MGRM () Delete
Name: DUDLEY, YVONNE P
Address: 1888 S.W. BAYSHORE BLVD.
City-St-Zip: PORT SAINT LUCIE, FL 34952 US

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: ROBERT P. DUDLEY

MGRM

04/25/2002

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