5/13/2002-90143-003-$50.00-$50.00
* 9/22/2002-90067-030-$50.00-$50.00

2002 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L01000020861

1. Entity Name
TRADITION HOMES, LLC

FILED
02 OCT 17 AM 11:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1663 TECHNOLOGY AVENUE ALACHUA FL 32615 US	1663 TECHNOLOGY AVENUE ALACHUA FL 32615 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3. Mailing Address
1950 NE 27th AVE	1950 NE 27th AVE
Suite, Apt. #, etc.	Suite, Apt. #, etc.
GAINESVILLE FL	GAINESVILLE FL
Zip 32609 / Country USA	Zip 32609 / Country USA

4. FEI Number 59-3759349 — Applied For / Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROHS, THOMAS J 1663 TECHNOLOGY AVENUE ALACHUA FL 32615	Name: ROHS, THOMAS J. Street Address (P.O. Box Number is Not Acceptable): 1950 NE 27th AVE City: GAINESVILLE FL Zip Code 32609

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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE: Thomas J Rohs THOMAS J. ROHS - CHAIRMAN & MANAGING PARTNER 9/18/02
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State
Due By September 25, 2002

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: CHAIRMAN OF THE BOARD - CEO NAME: ROHS, THOMAS J. STREET ADDRESS: 1950 NE 27th AVE CITY-ST-ZIP: GAINESVILLE FL 32609	☐ Change ☒ Addition MANAGING MEMBER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: PRESIDENT NAME: COX, JOHN D., PhD. STREET ADDRESS: 1950 NE 27th AVE CITY-ST-ZIP: GAINESVILLE FL 32609	☐ Change ☒ Addition MANAGING MEMBER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE: VICE PRESIDENT - OPERATIONS NAME: MORALES, LOUISA. STREET ADDRESS: 1950 NE 27th AVE. CITY-ST-ZIP: GAINESVILLE FL 32609	☐ Change ☒ Addition MANAGING MEMBER
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition

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 REQUIRED

SIGNATURE: Thomas J Rohs THOMAS J. ROHS CHAIRMAN & MANAGING PARTNER 9/18/02 352-335-0033
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone # 403

CR2E083 (4/02)