

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 29, 2003 8:00 am**  
**Secretary of State**

01-29-2003 90060 024 \*\*\*\*50.00

**DOCUMENT # L01000020861**



1. Entity Name  
**TRADITION HOMES, LLC**

Principal Place of Business

**1950 NE 27TH AVE.  
GAINESVILLE FL 32609  
US**

Mailing Address

**1950 NE 27TH AVE.  
GAINESVILLE FL 32609  
US**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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  
1950 NE 27TH AVE.  
GAINESVILLE FL 32609**

Name

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

City

**FL**

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

SIGNATURE

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 Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

| TITLE | NAME             | STREET ADDRESS    | CITY-ST-ZIP          | <input type="checkbox"/> Delete | TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
|-------|------------------|-------------------|----------------------|---------------------------------|-------|------|----------------|-------------|---------------------------------|-----------------------------------|
| MGRM  | ROHS, THOMAS J   | 1950 NE 27TH AVE. | GAINESVILLE FL 32609 | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
| MGRM  | COX, JOHN D PHD  | 1950 NE 27TH AVE. | GAINESVILLE FL 32609 | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
| MGRM  | MARALES, LOUIS A | 1950 NE 27TH AVE. | GAINESVILLE FL 32609 | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                  |                   |                      | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                  |                   |                      | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                  |                   |                      | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |
|       |                  |                   |                      | <input type="checkbox"/>        |       |      |                |             | <input type="checkbox"/>        | <input type="checkbox"/>          |

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 REQUIRED**

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

Date

Daytime Phone #

CR2E083 (10/02)