

4/8/

**FILED**  
**May 24, 2002 8:00 am**  
**Secretary of State**

04-08-2002 90209 013 \*\*\*\*50.00

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

DOCUMENT # L01000020970

1. Entity Name

AMERICAN HOMES CORAL WEST, L.L.C.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

1825 Main Street

3. Mailing Address

1825 Main Street

Suite, Apt. #, etc.

Suite 201

Suite, Apt. #, etc.

Suite 201

City &amp; State

Weston Florida

City &amp; State

Weston Florida

Zip

33326

Country

U.S.

Zip

33326

Country

U.S.

4. FEI Number

22-3846457

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

Charles Tamburello STEVEN W. DELITSCH, ESQ.

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

7805 SW 6 Court

City

Plantation

FL

Zip Code

33324

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, typed or printed name of registered agent and title if applicable.

Steven W. Deutsch

DATE

5-6-02

FEE IS \$50.00

Make Check Payable to Department of State  
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE Member  
 NAME Charles Tamburello  
 STREET ADDRESS 1371 Victoria Isle Drive  
 CITY-ST-ZIP Weston, Florida 33327

TITLE Member  
 NAME John Bellavia  
 STREET ADDRESS 5652 NW 12th Terrace  
 CITY-ST-ZIP Coral Springs, Florida 33076

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

Date

Daytime Phone #

CR2E083B (12/01)