

4/8/1

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

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

04-08-2002 90209 014 ****50.00

DOCUMENT # L01000020971

1. Entity Name

AMERICAN HOMES CORAL EAST 1, LLC

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 & State

Weston, Florida

City & State

Weston, Florida

Zip

33326 U.S.

Zip

33326 U.S.

Country

U.S.

4. FEI Number

22-3846451

Applied For

Not Applicable

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

7. Name and Address of Current Registered Agent

Name

STEVEN W. DEUTSCH, ESQ.

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

7805 SW 6 Court

City

Plantation FL

Zip Code

33324

**DO NOT WRITE
IN THIS SPACE**

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

5/4/02

FEE IS \$50.00

**Make Check Payable to Department of State
DUE BY MAY 1**

9. MANAGING MEMBERS/MANAGERS

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Member
John Bellavia
5632 NW 127th Terrace
Coral Springs, Florida 33076

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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IN THIS SPACE**

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)