

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90086 049 \*\*\*\*50.00

DU/03390

**DOCUMENT # L01000021079**

1. Entity Name  
**HARVEST BUILDERS, L.L.C.**



|                                                                                              |                                                                                  |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|
| Principal Place of Business<br><b>5929 YOUNQUIST ROAD<br/>SUITE 2<br/>FT. MYERS FL 33912</b> | Mailing Address<br><b>5929 YOUNQUIST ROAD<br/>SUITE 2<br/>FT. MYERS FL 33912</b> |
|----------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------|



CHECK HERE IF MAKING CHANGES

|                                |         |                     |         |
|--------------------------------|---------|---------------------|---------|
| 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 <b>65-1158802</b>                           | Applied For                             |
|                                                           | <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | <b>\$5.00</b> Additional Fee Required   |

**6. Name and Address of Current Registered Agent**

**KNOTT, GEORGE H  
1625 HENDRY STREET  
SUITE 301  
FT. MYERS FL 33901**

**7. Name and Address of New Registered Agent**

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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Florida Department of State**  
**Due By May 1, 2003**

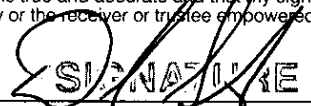
**9. MANAGING MEMBERS/MANAGERS**

|                                              |                                 |
|----------------------------------------------|---------------------------------|
| TITLE<br><b>MGR</b>                          | <input type="checkbox"/> Delete |
| NAME<br><b>STURMAN, DAVID LEE</b>            |                                 |
| STREET ADDRESS<br><b>5929 YOUNQUIST ROAD</b> |                                 |
| CITY-ST-ZIP<br><b>FT. MYERS FL 33912</b>     |                                 |
| TITLE                                        | <input type="checkbox"/> Delete |
| NAME                                         |                                 |
| STREET ADDRESS                               |                                 |
| CITY-ST-ZIP                                  |                                 |
| TITLE                                        | <input type="checkbox"/> Delete |
| NAME                                         |                                 |
| STREET ADDRESS                               |                                 |
| CITY-ST-ZIP                                  |                                 |
| TITLE                                        | <input type="checkbox"/> Delete |
| NAME                                         |                                 |
| STREET ADDRESS                               |                                 |
| CITY-ST-ZIP                                  |                                 |
| TITLE                                        | <input type="checkbox"/> Delete |
| NAME                                         |                                 |
| STREET ADDRESS                               |                                 |
| CITY-ST-ZIP                                  |                                 |

**10. ADDITIONS/CHANGES**

|                |                                                                   |
|----------------|-------------------------------------------------------------------|
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME           |                                                                   |
| STREET ADDRESS |                                                                   |
| CITY-ST-ZIP    |                                                                   |
| TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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 REQUIRED** 4/21/03

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)