

**2002 UNIFORM BUSINESS REPORT (UBR)****DOCUMENT # L01000021203**

1. Entity Name

**SAILWIND HOMES AND PROPERTIES, L.L.C.****FILED**  
**Sep 02, 2002 8:00 am**  
**Secretary of State**

08-11-2002 90167 011 \*\*\*\*50.00



DO NOT WRITE IN THIS SPACE

Principal Place of Business <b>1506 E. BEARSS AVENUE LUTZ FL 33549</b>		Mailing Address <b>1506 E. BEARSS AVENUE LUTZ FL 33549</b>	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEL Number <b>80-0019092</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
<b>WARD, KEN 701 BAYSHORE BLVD., SUITE 101 TAMPA FL 33606</b>		Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 (SIC) if applicable		(NOTE: Registered Agent signature required when reinstating)	
<b>FILE NOW!!! FEE IS \$50.00</b> <b>Make Check Payable to Department of State</b> <b>Due By September 25, 2002</b>			
9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM RAIRIGH, RAYMOND 1506 E. BEARSS AVENUE LUTZ FL 33549</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM HARRELL, JEROME 1506 E. BEARSS AVENUE LUTZ FL 33549</b> <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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:		8-2-02 813 971-7133	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE		Date Daytime Phone #	

CRSE083 (4/02)