

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

**FILED**  
**Apr 03, 2002 8:00 am**  
**Secretary of State**

04-03-2002 90017 034 \*\*\*\*50.00

**DOCUMENT #** L01000021318  
1. Entity Name  
**ECCLESTONE SIGNATURE HOMES OF PALM BEACH, LLC**

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business <b>357 Hiatt Drive</b>		3. Mailing Address <b>357 Hiatt Drive</b>	
Suite, Apt. #, etc. <b>A</b>		Suite, Apt. #, etc. <b>A</b>	
City & State <b>Palm Beach Gardens, FL</b>		City & State <b>Palm Beach Gardens, FL</b>	
Zip <b>33418</b>	Country <b>USA</b>	Zip <b>33418</b>	Country <b>USA</b>

DO NOT WRITE IN THIS SPACE

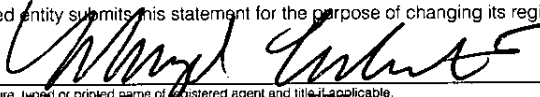
4. FEI Number <b>65-1159094</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> <b>\$5.00</b> Additional Fee Required	

**DO NOT WRITE  
IN THIS SPACE**

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

Name <b>E. Llwyd Ecclestone, III</b>
Street Address (P.O. Box Number is Not Acceptable) <b>357 Hiatt Drive</b>
<b>Suite A</b>
City <b>Palm Beach Gardens</b> <b>FL</b> Zip Code <b>33418</b>

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  DATE **3/26/02**

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

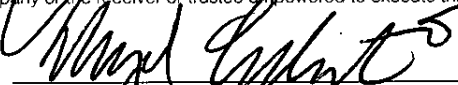
**FEE IS \$50.00**  
**Make Check Payable to Department of State**  
**DUE BY MAY 1**

**9. MANAGING MEMBERS / MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>President</b> <b>Ecclestone, E. Llwyd III</b> <b>357 Hiatt Drive, Suite A</b> <b>Palm Beach Gardens, FL 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>Thomas, Gary</b> <b>357 Hiatt Drive, Suite A</b> <b>Palm Beach Gardens, FL 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Treasurer</b> <b>Cathline Shugars</b> <b>357 Hiatt Drive, Suite A</b> <b>Palm Beach Gardens, FL 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Rosanne Piretti</b> <b>357 Hiatt Drive, Suite A</b> <b>Palm Beach, Gardens, FL 33418</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE  
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:  DATE **3/26/02** (561) 627-1270

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

CR2E083B (12/01)