

**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**  
357 Hiatt Drive

Suite, Apt. #, etc.

A

City & State

Palm Beach Gardens, FL

Zip  
33418

Country  
USA

**3. Mailing Address**  
357 Hiatt Drive

Suite, Apt. #, etc.

A

City & State

Palm Beach Gardens, FL

Zip  
33418

Country  
USA

DO NOT WRITE IN THIS SPACE

**4. FEI Number**

65-1159094

Applied For

Not Applicable

**5. Certificate of Status Desired** ☐

**\$5.00** Additional  
Fee Required

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

Name

E. Llwyd Ecclestone, III

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

357 Hiatt Drive

Suite A

City Palm Beach Gardens

FL

Zip Code

33418

**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**

*E. Llwyd Ecclestone, III*

3/26/02

DATE

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

E. Llwyd Ecclestone, III

**FEE IS \$50.00**

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

**9. MANAGING MEMBERS/MANAGERS**

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

*E. Llwyd Ecclestone, III*

3/26/02

(561) 627-1270

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

Date

Daytime Phone #

CR2E083B (12/01)