

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jan 22, 2003 8:00 am**  
**Secretary of State**

01-22-2003 90086 010 \*\*\*\*\*50.00

**DOCUMENT # L01000021318**

1. Entity Name

**ECCLESTONE SIGNATURE HOMES OF PALM BEACH, LLC** ✓



Principal Place of Business

**357 HIATT DRIVE  
A  
PALM BEACH GARDENS FL 33418**

Mailing Address

**357 HIATT DRIVE  
A  
PALM BEACH GARDENS FL 33418**

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 **65-1159094**

Applied For

Not Applicable

5. Certificate of Status Desired

**\$5.00** Additional Fee Required

CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**ECCLESTONE, LLWYD E III  
357 HIATT DRIVE  
SUITE A  
WEST PALM BEACH FL 33418**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE  Delete  
NAME **P**  
STREET ADDRESS **ECCLESTONE, E. L III**  
CITY-ST-ZIP **357 HIATT DRIVE, SUITE A  
PALM BEACH GARDENS FL 33418**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **V**  
STREET ADDRESS **GRAY, THOMAS**  
CITY-ST-ZIP **357 HIATT DRIVE, SUITE A  
WEST PALM BEACH FL 33418**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **T**  
STREET ADDRESS **SHUGARS, CATHLINE**  
CITY-ST-ZIP **357 HIATT DRIVE, SUITE A  
WEST PALM BEACH FL 33418**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME **S**  
STREET ADDRESS **PIRETTI, ROSANNE**  
CITY-ST-ZIP **357 HIATT DRIVE, SUITE A  
WEST PALM BEACH FL 33418**

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  Addition  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  Change  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 of E. L. III Ecclestone*

1/13/3 561 627 1270

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

Date

Daytime Phone #

CR2E083 (10/02)