

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

FILED
Apr 08, 2002 8:00 am
Secretary of State

04-08-2002 90209 016 ****50.00

DOCUMENT # L01000022-067
1. Entity Name
ADDISON CUSTOM HOMES OF ORLANDO, LLC

DO NOT WRITE IN THIS SPACE

937090

2. Principal Place of Business
9000 GLEN LAKES BLVD.
Suite, Apt. #, etc.

3. Mailing Address
9000 GLEN LAKES BLVD.
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Weeki Wachee, FL

City & State
Weeki Wachee, FL

4. FEI Number
26-0029880

Applied For
Not Applicable

Zip
34613 Country
U.S.A.

Zip
34613 Country
U.S.A.

5. Certificate of Status Desired **\$5.00** Additional Fee Required

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
DAVID CRAIGHEAD

Street Address (P.O. Box Number is Not Acceptable)
9000 GLEN LAKES BLVD.

City
Weeki Wachee FL Zip Code
34613

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.

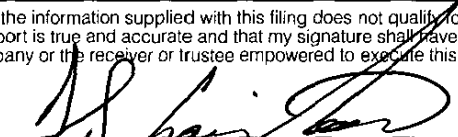
SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable.

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	Manager DAVID CRAIGHEAD 9000 GLEN LAKES BLVD. Weeki Wachee, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	Manager DENNIS SIMM 9000 GLEN LAKES BLVD. Weeki Wachee, FL 34613	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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CR2E083B (12/01)

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:  **3/18/02 (352) 597-9000**

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