

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Mar 07, 2003 8:00 am
Secretary of State

03-07-2003 90012 045 ****50.00

DOCUMENT # L02000003217

1. Entity Name

PREFERRED HOMES OF AMERICA, LLC



Principal Place of Business

**2548 BLAIRSTONE PINES DR.
TALLAHASSEE FL 32301**

Mailing Address

**2548 BLAIRSTONE PINES DR.
TALLAHASSEE FL 32301**

2. Principal Place of Business

600 S. North Lake Blvd.

3. Mailing Address

600 S. North Lake Blvd.

Suite, Apt. #, etc.

SUITE 160

Suite, Apt. #, etc.

SUITE 160

City & State

Altamonte Springs, FL

City & State

Altamonte Springs, FL

Zip

32701

Country

Zip

32701

Country

4. FEI Number

03-0502993

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

**FRIEDMAN, MARTIN S
ROSE, SUNDSTROM & BENTLEY, LLP
2548 BLAIRSTONE PINES DR.
TALLAHASSEE FL 32301**

7. Name and Address of New Registered Agent

Name

600 S. North Lake Blvd.

Suite 160

Altamonte Springs

FL

32701

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

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Delete |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

10. ADDITIONS/CHANGES

| | |
|----------------|--|
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MANAGER |
| STREET ADDRESS | MARTIN S. FRIEDMAN |
| CITY-ST-ZIP | 600 S. North Lake Blvd. Ste 160 Altamonte Springs, FL 32701 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MEMBER |
| STREET ADDRESS | E & H Property Development Co. |
| CITY-ST-ZIP | 9811 Hollybrook Lake Dr., Bldg. 4, # 305 Pembroke Pines, FL 33025 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MEMBER |
| STREET ADDRESS | R & D Consulting and Marketing, Inc. |
| CITY-ST-ZIP | 2695 Emerald Lake Ct. Kissimmee, FL 34744 |
| TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | MEMBER |
| STREET ADDRESS | Walter Modlin |
| CITY-ST-ZIP | 600 S. North Lake Blvd. #160 Altamonte Springs, FL 32701 |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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]

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

2-26-03

407.830.6331

Date

Daytime Phone #

CR2E083 (10/02)