


# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 14, 2003 8:00 am**  
**Secretary of State**

03-31-2003 90808 048 \*\*\*\*50.00

|   |  |                                 |   |  |   |
|---|--|---------------------------------|---|--|---|
| <b>DOCUMENT # L02000003289</b>  |  |                                 |   |         |   |
| 1. Entity Name<br><b>COQUI HOMES LLC</b>  |  |                                 |   |  |   |
| Principal Place of Business<br><b>1505 LAKE CLAY DR<br/>LAKE PLACID FL 33852</b>  |  |                                 | Mailing Address<br><b>1505 LAKE CLAY DR<br/>LAKE PLACID FL 33852</b>  |  |   |
| 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<br><b>02-0539686</b>   |   |
|   |  |                                 |   | Applied For<br><input type="checkbox"/> Not Applicable                                   |   |
|   |  |                                 |   | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required |   |
| 6. Name and Address of Current Registered Agent<br><b>SIFONTES, IRIS<br/>SIFONTES PAUL &amp; ASSOCIATES LLC<br/>6600 NW 41ST TERR<br/>COCONUT CREEK FL 33073</b>  |  |                                 | 7. Name and Address of New Registered Agent<br>Name <b>HERIBERTO DILAN</b><br>Street Address (P.O. Box Number is Not Acceptable)<br><b>1505 LAKE CLAY DR</b><br>City <b>LAKE PLACID</b> FL <b>33852</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. I am familiar with, and accept the obligations of registered agent.<br>SIGNATURE <i>Heriberto Dilan</i> <b>HERIBERTO DILAN</b> DATE _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |  |                                 |   |  |   |
| <b>FILE NOW!!! FEE IS \$50.00</b><br><b>Make Check Payable to Florida Department of State</b><br><b>Due By May 1, 2003</b>  |  |                                 |   |  |   |
| 9. MANAGING MEMBERS/MANAGERS  |  |                                 | 10. ADDITIONS/CHANGES   |  |   |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>DILAN, HERIBERTO<br/>1505 LAKE CLAY DR<br/>LAKE PLACID FL 33852</b>  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>DILAN, ISABEL<br/>1505 LAKE CLAY DR<br/>LAKE PLACID FL 33852</b>     | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  | <b>MGRM<br/>DILAN, SANTIAGO H<br/>1505 LAKE CLAY DR<br/>LAKE PLACID FL 33852</b> | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Delete | TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP  |  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
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| 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: <i>Heriberto Dilan</i> <b>HERIBERTO DILAN</b> <b>SIGNATURE REQUIRED</b> <i>1/21/03 (862) 465-7544</i><br><small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small>  |  |                                 |   |  |   |

CR2E083 (10/02)