


2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

0008635

DOCUMENT # L02000003610

1. Entity Name
FERN MEADOWS, L.L.C.



FILED
03 MAY -2 AM 9:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address

1688 W. HIBISCUS BLVD. 1688 W. HIBISCUS BLVD.
MELBOURNE FL 32901 MELBOURNE FL 32901



2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country

CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

EVANS, HUGH M JR.
1688 W. HIBISCUS BLVD.
MELBOURNE FL 32901

7. Name and Address of New Registered Agent

Name: **Robert M. Kush**

Street Address (P.O. Box Number is Not Acceptable): **6767 N. Wickham Rd., Suite 500**

City: **Melbourne**

State: **FL** Zip Code: **32940**

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]* DATE: **4.29.03**

Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)

FILE NOW!!! FEE IS \$50.00

Make Check Payable to Florida Department of State

Due By May 1, 2003

900017851059
05/02/03--01001--018 **50.00

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, HUGH M JR. 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM JELUS, TIMOTHY C 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM EVANS, ARTHUR F III 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MOVEOVER, L.L.C. 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM MERCEDES HOMES, INC. 1688 W. HIBISCUS BLVD. MELBOURNE FL 32901	<input checked="" type="checkbox"/> Delete ok
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

10. ADDITIONS / CHANGES

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<i>[Signature]</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM 520 West Community Developers, Inc. 6767 N. Wickham Rd., Suite 500 Melbourne, FL 32940	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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]* DATE: **4.29.03** DAYTIME PHONE #: **321.259.6972**

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

CR2E083 (10/02)