

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

44001849

DOCUMENT # L 02000004614
 1. Entity Name
HUGHES COVE CUSTOM HOMES, LLC



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1200 S. ROGERS CIR
 Suite, Apt. #, etc.
#11

3. Mailing Address
1200 S. ROGERS CIR
 Suite, Apt. #, etc.
#11

DO NOT WRITE IN THIS SPACE

City & State
BOCA RATON, FL

City & State
BOCA RATON, FL

Zip
33487

Country
PALM BEACH

Zip
33487

Country
PALM BEACH

4. FEI Number
68-041811

Applied For
 Not Applicable

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
LEONARD ALBANESE

Street Address (P.O. Box Numbers Not Acceptable)
1200 S. ROGERS CIRCLE, #11

City
BOCA RATON FL Zip Code
33487

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 _____

FEE IS \$50.00
 Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>MGRM LEONARD ALBANESE 1200 S. ROGERS CIRCLE, #11 BOCA RATON, FL 33487</u>
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CR2E083B (12/02)

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(1), 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 _____ Daytime Phone # _____

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