LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000005235

-1. Entity Name

SIGNATURE:

Picerne Eagle Ridge, LLC



Company of the Compan

03 MAY - 1 PM 12: 20

SCORETARY OF STATE TALLAHASSEE, FLORIDA

407-772-0200

DO NOT WRITE IN THIS SPACE

					900014	1095739 92004 **55.00
	Place of Business h Westmonte Drive	3. Mailing Address		03/14/03010	92004 **55.00	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		11-367978H		
City & Stat Altamon	te Springs, FL	City & State			4. FEI Number	Applied For Not Applicable
Zip 32714	Country USA	Zip	Countr	У	5. Certificate of Status Desired	\$5.00 Additional Fee Required
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					7. Name and Address of Curren	it Registered Agent
دو لام حدد	DO NOT V	VRITE	Name W. Terry Costolo Street Address (P.O. Box Number is Not Acceptable)			
T. (T)		 PDI (2.7) = 1. PG (* PL A - F). 		Street Address	(P.O. Box Number is not Acceptab	ne)
	IN THIS S	PACETOL	a francjia (b. 1904.). Prografija i sala		e Street, Suite 1400	
				City Orlando FL Zip Code 32301		
the obligat	named entity submits this statemer ions of registered agent.	t for the purpose of changin	ng its registered	d office or regist	ered agent, or both, in the State of F	lorida. I am familiar with, and accept
SIGNATURE	Signature, typed or printed name of registered ag	gent and title if applicable.				DATE
-		Make Check Pa	FEE IS \$ yable to Flo DUE BY	rida Departm	ent of State	
9. MANAGING MEMBERS/MANAGERS			76 E			
TITLE	Manager / Member			4 4 4 4		S. S
NAME	Robert M. Picerne	NAME				
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11. Thereby 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 empirical to execute this report as required by Chapter 608, Florida Statutes.

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