

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 11, 2003 8:00 am**  
**Secretary of State**

02-25-2003 90085 017 \*\*\*\*50.00

**DOCUMENT # L02000009940**

1. Entity Name

**PULTE DELRAY INTRACOASTAL INVESTMENTS, LLC**



Principal Place of Business

**41 SE 5 STREET 2ND FLOOR  
BOCA RATON FL 33422**

Mailing Address

**41 SE 5 STREET 2ND FLOOR  
BOCA RATON FL 33422**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

6. Name and Address of Current Registered Agent

**GERSHON, HOLLY GAYLE  
1489 W. PALMETTO PARK ROAD  
#425  
BOCA RATON FL 33486**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|       |      |                |             |                                 |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|       |      |                |             |                                 |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|       |      |                |             |                                 |
| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | <input type="checkbox"/> Delete |
|       |      |                |             |                                 |
| 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 checked="" type="checkbox"/> Addition |
|       | Member         |                        |                     |                                 |  |
|       | Pulte, Mark T. | 41 SE 5th ST 2nd Floor | BOCA RATON FL 33432 |                                 |  |
| 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         | <input type="checkbox"/> Change | <input type="checkbox"/> Addition            |
|       |                |                        |                     |                                 |  |
| TITLE | NAME           | STREET ADDRESS         | CITY-ST-ZIP         | <input type="checkbox"/> Change | <input 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 REQUIRED**

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

2/19/03

Date

(561) 272-6852

Daytime Phone #

CR2E083 (10/02)