

LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000012525 1. Entity Name INNOVATIVE CONCEPT HOMES, LLC	
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FILED

03 NOV -3- AM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 3111 N. UNIVERSITY DRIVE <small>Suite, Apt. #, etc.</small> SUITE 720 <small>City & State</small> CORAL SPRINGS, FL <small>Zip</small> 33065 <small>Country</small> USA	3. Mailing Address 3111 N. UNIVERSITY DRIVE <small>Suite, Apt. #, etc.</small> SUITE 720 <small>City & State</small> CORAL SPRINGS, FL <small>Zip</small> 33065 <small>Country</small> USA
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DO NOT WRITE IN THIS SPACE

07/11/03 90026 020 \$50

4. FEI Number 03-0458847	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name WINSTON GRAHAM	
Street Address (P.O. Box Number is Not Acceptable) 3111 UNIVERSITY DRIVE SUITE 720	
City CORAL SPRINGS	FL Zip Code 33065

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	WINSTON GRAHAM	12/12/03 <small>DATE</small>
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Signature, typed or printed name of registered agent and title if applicable.

	FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1	
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9. MANAGING MEMBERS/MANAGERS			
TITLE	MGRM	TITLE	DO NOT WRITE IN THIS SPACE
NAME	WINSTON GRAHAM	NAME	
STREET ADDRESS	3111 UNIVERSITY DRIVE SUITE 720	STREET ADDRESS	
CITY-ST-ZIP	CORAL SPRINGS FL 33065	CITY-ST-ZIP	
TITLE		TITLE	
NAME		NAME	
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STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

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	WINSTON GRAHAM	10/12/03	954-345-8666
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #

CR2E083B (12/02)