

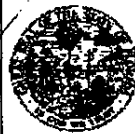
2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 30, 2003 8:00 am
Secretary of State

04-30-2003 90192 014 ****50.00

DOCUMENT # L02000014001

1. Entity Name
PERFECT FLORIDA HOMES LLC



Principal Place of Business
7862 W IRL0 BRONSON HIGHWAY
#342
KISSIMMEE, FL 34747

Mailing Address
7862 W IRL0 BRONSON HIGHWAY
#342
KISSIMMEE, FL 34747

2. Principal Place of Business
8297 CHAMPIONSGATE BLVD
Suite, Apt. #, etc.
301

3. Mailing Address
8297 CHAMPIONSGATE BLVD
Suite, Apt. #, etc.
301



☒ CHECK HERE IF MAKING CHANGES

City & State
CHAMPIONSGATE, FL

City & State
CHAMPIONSGATE, FL

Zip
33896

Country
USA

4. FEI Number
03-0472051

Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
POFF, IRA CHRISTOPHER
1047 CLEAR CREEK CIRCLE
CLERMONT, FL 34711

7. Name and Address of New Registered Agent
Name
POFF, IRA CHRISTOPHER
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 Ira Christopher Poff DATE 4-28-03

FILE WITH FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	POFF, IRA CHRISTOPHER ☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR POFF, IRA CHRISTOPHER ☐ Change ☒ Addition 1047 CLEAR CREEK CIRCLE CLERMONT FLORIDA 34711
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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 606, Florida Statutes.

SIGNATURE: Ira Christopher Poff DATE 4-28-03 DAYTIME PHONE # 407-908-8023

CFR2083 (10/02)