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

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

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000014001

1. Entity Name
PERFECT FLORIDA HOMES LLC

Principal Place of Business	Mailing Address
7862 W IRLO BRONSON HIGHWAY #342 KISSINNEE, FL 34747	7862 W IRLO BRONSON HIGHWAY #342 KISSINNEE, FL 34747

☒ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
8297 CHAMPIONSGATE BLVD	8297 CHAMPIONSGATE BLVD
Suite, Apt. #, etc. 301	Suite, Apt. #, etc. 301
City & State CHAMPIONSGATE, FL	City & State CHAMPIONSGATE, FL
Zip 33896 Country	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	7. Name and Address of New Registered Agent
POFF, IRA CHRISTOPHE 1047 CLEAR CREEK CIRCLE CLERMONT, FL 34711	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 [signature] Ira Christopher Poff 4-28-03
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE ANNUAL 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 1047 CLEAR CREEK CIRCLE CLERMONT FLORIDA 34711 ☐ 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
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

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] Ira Christopher Poff 4-28-03 407-908-8023
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)