FILED
Feb 27, 2003 8:00 am
Secretary of State

01-27-2003 90080 014 ****50.00

1

1/27/

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000018908

1. Entity Name

CEDCO HOMES II, LLC

Principal Place of Business	Mailing Address
104 CRANDON BOULEVARD, SUITE 306A KEY BISCAYNE FL 33149	104 CRANDON BOULEVARD, SUITE 306A KEY BISCAYNE FL 33149

2. Principal Place of Business	3. Mailing Address
3413 BANOS Ct	3413 BANOS Ct
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State: CORAL GABLES, FL	City & State: CORAL GABLES, FL
Zip: 33134 Country	Zip: 33134 Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number 11-3646898 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

CEDENO, GUILLERMO
104 CRANDON BOULEVARD, SUITE 306A
KEY BISCAYNE FL 33149

7. Name and Address of New Registered Agent

Name: CEDENO, GUILLERMO
Street Address (P.O. Box Number is Not Acceptable): 3413 BANOS Ct
City: CORAL GABLES FL Zip Code 33134

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~~ PRESIDENT		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~CEDCO CONSULTANTS CORP~~ ☐ Delete ~~3413 BANOS Ct~~ ~~CORAL GABLES, FL 33134~~	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ☐ Delete GUILLERMO CEDENO 3413 BANOS Ct CORAL GABLES, FL 33134	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

CR2E083 (10/02)

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 Date Daytime Phone #