


AMENDED

05-27-2003 90056 014 ****50.00
L02000019431

**LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L02000019431 1. Entity Name CENTURY/VILLA PONCE, LLC.	
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03 JUN 25 AM 9:57
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

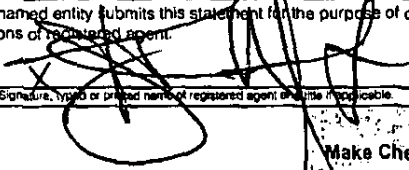
2. Principal Place of Business c/o Nicolas Fernandez P.A. Suite, Apt. #, etc. 780 NW Le Jeune Road, Suite 324	3. Mailing Address SAME Suite, Apt. #, etc.
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DO NOT WRITE IN THIS SPACE

City & State Miami, Florida	City & State	4. FEI Number 02-0641193	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 33126	Country	Zip	Country

DO NOT WRITE IN THIS SPACE	7. Name and Address of Current Registered Agent	
	Name Esquire Corporate Services, Inc.	
	Street Address (P.O. Box Number is Not Acceptable)	
	780 NW Le Jeune Road, Suite 324	
City Miami	FL	Zip Code 33126

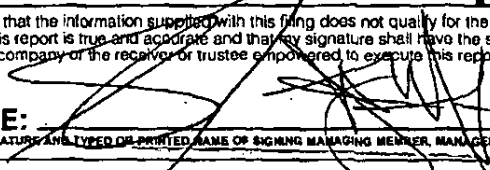
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE  **JUAN C. Menendez - MGR** 5/21/03
DATE

FEE IS \$50.00
Make Check Payable to Florida Department of State
DUE BY MAY 1

9. MANAGING MEMBERS/MANAGERS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - Villa Ponce, Inc. 780 NW Le Jeune Road, Suite 324 Miami, Florida 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM - Century Homebuilders, LLC. 7270 NW 12 Street, Suite 410 Miami, Florida 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR - Juan Carlos Menendez 780 NW Le Jeune Road, Suite 324 Miami, Florida 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR - Sergio Pino 7270 NW 12 Street, Suite 410 Miami, Florida 33126	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		TITLE NAME STREET ADDRESS 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)(f), 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:  5/21/03 305-448-6651
DATE Daytime Phone #

CR2E083B (1/2002)