2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L02000020567

1. Entity Name

PARKER CUSTOM HOMES, LLC



FILED Apr 23, 2003 8:00 am Secretary of State 04-23-2003 90129 014 ****50.00

Principal Place of Business				Mailing Address							
9400 GLADIOLUS DRIVE. SUITE 250				9400 GLADIOLUS DRIVE. SUITE 250					•		
FORT MYERS FL 33908			F	FORT MYERS FL 33908				•			
							l in			1000 11111 1	
2. Principal Place of Business				3. Mailing Address							
Suite, Apt. #, etc.				Suite, Apt. #, etc.			CHECK HERE IF MAKING CHANGES				
City & State			· - -	City & State			4. FEI Nu	mber			plied For
							<u> </u>	2.003794	9	No	t Applicable
Zip .—	Country			Zip	ntry	5. Certific	5. Certificate of Status Desired S5.00 Additional Fee Required			litional d	
6. Name and Address of Current F				istered Agent		7. Name and Address of New Registered Agent					
MITCHELL, STEPHEN J				Name			g	a	. C 131		
201 N. FRANKLIN STREET, SUITE 2100				Street Address			ldress (P.O. Box Nur	Service Corporation of Florida s (P.O. Box Number is Not Acceptable)			
TAMPA FL 33602								Franklin Street			
1.41		_				Suito	2100				
					Suite 2100			FL Zip Code			
A 71		The state of the s				⊥Tamp	8			336	
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.											
I dil a thought to the developing the 2008											
SIGNATURE Signatire, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										1000	<u> </u>
	/			EU E M		EEE IC &C					
FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State											
بغر				· ·		ay 1, 2003					
9.		MANAGING M	EMBERS /	L	10.			ADDITIONS/	CHANGES		_
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11. I hereby certify that the information supplied with this filling does not qualify for the						-ST-ZIP	43-0-0-440	(O) (C) (C) (C) (C) (C) (C) (C) (C) (C) (C			
i hereby o	certily that the i	ntormation supplie	a with this	tuing does not qualify for	the exe	motion state	ea in Section 119.07i	(3)(i), Fiorida Statutes, I	turther certifi	that the in	itormation

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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

239.181.06