

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 90693 011 ****50.00

DOCUMENT # L02000022701

1. Entity Name
HOME PORT BUILDERS,LLC



Principal Place of Business
**423 SOMBRERO BEACH ROAD
UNIT #11
MARATHON FL 33050**

Mailing Address
**423 SOMBRERO BEACH ROAD
UNIT #11
MARATHON FL 33050**

2. Principal Place of Business
18944 SW 313 TERRACE
Suite, Apt. #, etc.

3. Mailing Address
18944 SW 313 TERRACE
Suite, Apt. #, etc.



☒ CHECK HERE IF MAKING CHANGES

City & State
HOMESTEAD FL
Zip
33034

City & State
HOMESTEAD FL
Zip
33034

4. FEI Number
54-2070477

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

**CICALESE, CAROLYN E
423 SOMBRERO BEACH RD
UNIT #11
MARATHON FL 33050**

Name

Street Address (P.O. Box Number is Not Acceptable)

18944 SW 313 TERRACE

City **HOMESTEAD**

FL

Zip Code **33034**

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

Carolyn E Cicalese

4/29/03

FILE NOW!!! 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
**MGRM
WARD, EDWARD W
423 SOMBRERO BEACH RD
MARATHON FL 33050** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**18944 SW 313 TERRACE
HOMESTEAD, FL 33034** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
CICALESE, CICALESE E
423 SOMBRERO BEACH ROAD
MARATHON FL 33050** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**18944 SW 313 TERRACE
HOMESTEAD, FL 33034** ☒ Change ☐ Addition

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☐ Delete

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

Date

Daytime Phone #

Carolyn E Cicalese **PARTNER**

4/29/03

CR2E083 (10/02)