

**2003 LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**DOCUMENT # L02000023634**

1. Entity Name

**COSCAN HOMES, LLC**

**FILED**

**03 APR 30 PM 3:49**

**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

Principal Place of Business  
**5555 Anglers Avenue  
Ft. Lauderdale, Florida 33312**

Mailing Address  
**5555 Anglers Avenue  
Ft. Lauderdale, Florida 33312**

2. Principal Place of Business  
**5555 Anglers Avenue**

3. Mailing Address  
**5555 Anglers Avenue**

Suite, Apt. #, etc.  
**Suite 1A**

Suite, Apt. #, etc.  
**Suite 1A**

City & State  
**Ft. Lauderdale, Florida**

City & State  
**Ft. Lauderdale, Florida**

4. FEI Number  
**54-2073563**

Applied For  
☐ Not Applicable

Zip  
**33312**

Country  
**US**

Zip  
**33312**

Country  
**US**

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

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

**Ferrell Group Corporate Services, L.L.C.  
Attn: Secretary/ 34<sup>th</sup> Floor, Miami Center  
201 South Biscayne Boulevard  
Miami, Florida 33131**

7. Name and address of New Registered Agent

**300017559483  
04/30/03--01050--014 \*\*50.00**

**FL** Zip

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FEE IS \$50.00**

**Make Check Payable to Department of State  
DUE BY MAY 1, 2003**

9. MANAGING MEMBERS/ MEMBERS

TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP ☐ Delete

TITLE  
NAME  
STREET  
ADDRESS  
CITY-ST-ZIP ☐ Delete

10. ADDITIONS/ CHANGES

**MGR** ☐ Change ☒ Addition  
**Albert C. Piazza  
5555 Anglers Avenue  
Ft. Lauderdale, Florida 33312**

☐ Change ☐ Addition  
**04/30/03--01050--014 \*\*50.00**

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ 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

**Albert Piazza**

**(954) 620-1000**

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

Date

Daytime Phone #