L02000026756

FLORIDA LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

04-28-2003 90071 047 ****50.00
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DOCUMENT # L02000026756

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 OCT 23 PM 2:07

1. Entity Name

~~NEOPOLITAN~~ HOMES, LLC

NEAPOLITAN

Principal Place of Business	Mailing Address
12146 COLLIERS RESERVE DR. NAPLES FL 34110	12146 COLLIERS RESERVE DR. NAPLES FL 34110

☑ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
5051 Castello Drive	5051 Castello Dr.
Suite, Apt. #, etc.: Suite #218	Suite, Apt. #, etc.: Suite #218
City & State: Naples FL	City & State: Naples FL
Zip: 34103 Country: ~~US~~	Zip: 34103 Country:

4. FEI Number ☑ 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
GRABINSKI, MATTHEW L ESQ. C/O GARLICK, STETLER & PEEPLES, LLP 5551 RIDGEWOOD DR., STE. 101 NAPLES FL 34108	Name: Grabinski, Matthew L., Esq. Street Address (P.O. Box Number is Not Acceptable): c/o Goodlette, Coleman & Johnson, P.A. 4001 Tamiami Trail N. #300 City: Naples FL Zip Code: 34103

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: _____ MATTHEW L. GRABINSKI 1/28/03
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		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition MGRM Thomas Surette 3940 5th Ave. N.W NAPLES, FL 34120
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition MGRM Edward Roth 7502 Silver Thatch Ln. #202 Naples, FL 34109
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 REINSTATEMENT 2002
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition lwt 10/23
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: _____ Edward Roth 4/21/03 239-289-2463
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #