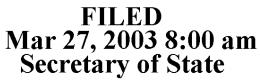
## **2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)**



1. Entity Nam	MEN 1 # LO20000 A HOMES, LLC				03-27-2003 90013 047 ****50.00				
Principal Place of Business 1000 N. HIATUS ROAD, STE. 100 PEMBROKE PINES FL 33064		Mailing Address 1000 N. HIATUS ROAD, STE. 100 PEMBROKE PINES FL 33084			·		·		
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt. #, etc.		Suite, Apt. #, etc.				CHECK HERE IF MAKING CHANGES			
City & State		City & State			4. FEI Number Applied For 51 – 0447710 Not Applicable				
Zip	Country	Zip	Coun	try		ertificate of Status Desired			1
· · · · · · · · · · · · · · · · · · ·	6. Name and Address of Current	Registered Agent	Ļ		7. Name ai	nd Address of New Re			┪・
E.H.G. RESIDENT AGENTS, INC. 5100 TOWN CENTER CIRCLE, STE. 430 BOCA RATON FL 33486				Name Street Addre		s (P.O. Box Number is Not Acceptable)			
				City	<del></del> ,		FL Zip Co	de	1
SIGNATURE	Signature, typed or printed name of registered agent a			d Agent signature re	quired when reinstating)		DATE		}
		Make Check Payab Du		orida Depart ny 1, 2003	ment of State				
9.	MANAGING MEMBE	RS/MANAGERS	10.			ADDITIONS/	CHANGES	-	1_
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		ET ADDRESS 2	GRM ILLER, L 3 INDIAN NDIAN CR	EONARD CREEK ISI EEK VILLAG	□ Change  AND E. FL 331	☑ Addition	CR2E083 (10/02)
TITLE NAME STREET ADDRESS CITY-ST-ZIP.	Delete			E B B 3	GRM ERGER, A GROVE I				
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete		M B B 3	GRM ERGER, H	ELENE SLE DRIVE,	☐ Change	<b>⊠</b> Addition	-
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete					☐ 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.

Daytime Phone #