

# 2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Apr 28, 2003 8:00 am**  
**Secretary of State**

04-28-2003 90445 049 \*\*\*\*50.00

**DOCUMENT # L02000029195**

1. Entity Name

**M/I HOMES OF ORLANDO, LLC**



Principal Place of Business

**237 SOUTH WESTMONTE DRIVE, SUITE 111  
ALTAMONTE SPRINGS FL 32714**

Mailing Address

**237 SOUTH WESTMONTE DRIVE, SUITE 111  
ALTAMONTE SPRINGS FL 32714**

**30061029**

2. Principal Place of Business

3. Mailing Address

**3 Easton Oval**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**Suite 500**

City & State

City & State

**Columbus, OH**

Zip

Country

Zip

Country

**43219**

**Franklin**

4. FEI Number

**75-308 7793**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$5.00 Additional  
Fee Required**

☒ CHECK HERE IF MAKING CHANGES

6. Name and Address of Current Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

7. Name and Address of New Registered Agent

Name

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

City

**FL**

Zip Code

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

**FILE NOW!!! FEE IS \$50.00  
Make Check Payable to Florida Department of State  
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

TITLE	member	<input type="checkbox"/> Delete
NAME	M/I Homes of Florida, LLC	
STREET ADDRESS	3 Easton Oval, Suite 500	
CITY-ST-ZIP	Columbus, OH 43219	
TITLE	CEO	<input type="checkbox"/> Delete
NAME	Irving E. Schottenstein	
STREET ADDRESS	3 Easton Oval, Suite 500	
CITY-ST-ZIP	Columbus, OH 43219	
TITLE	President	<input type="checkbox"/> Delete
NAME	Robert H. Schottenstein	
STREET ADDRESS	3 Easton Oval, Suite 500	
CITY-ST-ZIP	Columbus, OH 43219	
TITLE	CFO, Treasurer	<input type="checkbox"/> Delete
NAME	Phillip G. Creek	
STREET ADDRESS	3 Easton Oval, Suite 500	
CITY-ST-ZIP	Columbus, OH 43219	
TITLE	Secretary	<input type="checkbox"/> Delete
NAME	J. Thomas Mason	
STREET ADDRESS	3 Easton Oval, Suite 500	
CITY-ST-ZIP	Columbus, OH 43219	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 REQUIRED**

**CFO, Treas**

**04-23-03**

**614-418-8000**

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

Date

Daytime Phone #

CR2E083 (10/02)