2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

5/1/2003-90271-050-$50.00-$50.00
5/1

FILED
03 JUN -9 AM 10:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L02000030279

1. Entity Name: Digital Homes Properties LLC

Principal Place of Business:
12291 NW 29TH MANOR
SUNRISE FL 33323

Mailing Address:
12291 NW 29TH MANOR
SUNRISE FL 33323

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business	3. Mailing Address
2871 NE 185th St.	2871 NE 185th St
Suite, Apt. #, etc.: 204	Suite, Apt. #, etc.: 204
City & State: Aventura FL	City & State: Aventura FL
Zip: 33180 Country: USA	Zip: 33180 Country: USA

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

JANSEN, MICHAEL S
12291 NW 29TH MANOR
SUNRISE FL 33323

7. Name and Address of New Registered Agent

Name: JANSEN, Michael S
Street Address (P.O. Box Number is Not Acceptable): 2871 NE 185th ST #204
City: Aventura FL Zip Code: 33180

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: Michael S Jansen Michael S JANSEN, President — 4/30/03
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	President Michael S Jansen 2871 NE 185th ST #204 Aventura FL 33180 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
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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: Michael S Jansen Michael S JANSEN, President — 4/25/03 — 954-328-0232
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #