2003 LIMITED LIABILITY COMPANY

UNIFORM BUSINESS REPORT (UBR

4/28

FILED May 15, 2003 8:00 am Secretary of State

04-28-2003 90074 049 ****50.00

DOCUMENT # L02000030847 1. Entity Name CEDAR WEST HOMES II, L.L.C. 44001623 Mailing Address Principal Place of Business 1569 N.W. 82ND AVENUE 1569 N.W. 82ND AVENUE MIAMI FL 33126 MIAMI FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. ☐ CHECK HERE IF MAKING CHANGES Applied For City & State City & State 14-1857815 Not Applicable Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name and Address of Current Registered Agent RAMIREZ, ABEL Street Address (P.O. Box Number is Not Acceptable) 1569 N.W. 82ND AVENUE MIAMI FL 33126 Zio Code City 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 ADDITIONS/CHANGES. 10 MANAGING MEMBERS/MANAGERS 9. ☐ Addition Change | TIT! F □ Delete TITLE Munagey NAME NAME JAXI BULLDERS STREET ADDRESS CR2E083 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADORESS CITY-ST-ZIP CITY-ST-ZIF ☐ Change ☐ Addition TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Detete TILE ☐ Change TITLE NAME NAME STREET ADORESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change ☐ Addition Delete TILE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-2IP 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

uired by Chapter 608, Florida Statutes. limited fiability company or the receiv

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Daytime Phone #