

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

FILED
Sep 16, 2003 8:00 am
Secretary of State

09-16-2003 90001 002 ****55.00

DOCUMENT # L02000031005

1. Entity Name

PERDIDO HOME DEVELOPMENT, LLC



Principal Place of Business

**11180 LILLIAN HIGHWAY
PENSACOLA FL 32506**

Mailing Address

**11180 LILLIAN HIGHWAY
PENSACOLA FL 32506**

2. Principal Place of Business

SAME

3. Mailing Address

11180 LILLIAN HWY

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

PENSACOLA FL

Zip

Country

Zip

Country

32506

FLORIDA

4. FEI Number

32-0044139

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

**PREHN, GLENN K
11180 LILLIAN HIGHWAY
PENSACOLA FL 32506**

Name

N/A

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

7 JULY 03

**FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By September 24, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
	MGRM									
	PREHN, GLENN K									
	11180 LILLIAN HIGHWAY									
	PENSACOLA FL 32506									
	MGRM									
	STEIN, DOUGLAS C									
	11180 LILLIAN HIGHWAY									
	PENSACOLA FL 32506									

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

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

Date

Daytime Phone #

7 JULY 03

4576212

CR2E083 (4/03)