LIMITED LIABILITY COMPANY

FILED Mar 03, 2003 8:00 am Secretary of State **UNIFORM BUSINESS REPORT (UBR)** L02000034893 **DOCUMENT #** 03-03-2003 90006 008 ****50.00 1. Entity Name HAGEN CUSTOM HOMES, LLC DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 636 N. Rio Crande DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 4. FEI Number Applied For City & State 11-3671969 Orlando Florida Klando Not Applicable \$5.00 Additional 32 805 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE Street Address IN THIS SPACE 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. FEE IS \$50.00 Make Check Payable to Florida Department of State **DUE BY MAY 1** MANAGING MEMBERS/MANAGERS 9. 3R2E083B (12/02) Deborah D. Hagen MNGRM TITLE TITLE NAME NAME 636 N. Rio Grande Avenue STREET ADDRESS STREET ADDRESS Orlando, FC 32805 CITY-ST-ZIP CITY-ST-ZIP TITLE TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CHY-ST-Zin CITY-ST-ZIP IN THIS SPACE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE

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 eath; 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.

NAME

TILE NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE:	FT COM	1	
	RINTED NAME C	F SIGNING MANAGING MEMBE	R, MANAGER, OR AUTHORIZED REPRESENTATIVE

NAME

NAME

STREET ADDRESS

STREET ADDRESS

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