

2005 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L04000036303

1. Entity Name
FLORIDA ESTATE HOME BUILDERS LLC



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

05 SEP 28 AM 9:55

Principal Place of Business
11688 OLD PUMP HOUSE ROAD
BOCA RATON, FL 33498

Mailing Address
11688 OLD PUMP HOUSE ROAD
BOCA RATON, FL 33498

2. Principal Place of Business
220 Nurmi Drive

3. Mailing Address
220 Nurmi Drive

Suite, Apt. #, etc.

Suite, Apt. #, etc.

09262005 Chg-LLC CR2E083 (10/03)

City & State
Ft. Lauderdale, Florida

City & State
Ft. Lauderdale, Florida

4. FEI Number
61-1471550

Applied For
Not Applicable

Zip
Country
33301

Zip
Country
33301

5. Certificate of Status Desired
X \$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

OON TEON KO
11688 OLD PUMP HOUSE ROAD
BOCA RATON, FL 33498

Name
Oon Teong Ko

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

220 Nurmi Drive

City
Ft. Lauderdale FL Zip Code 33301

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 re-instating)

DATE

Amended AR is \$50.00

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
Oon Teong Ko
220 Nurmi Drive
Ft. Lauderdale, FL 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
700060578117
10/15/05-01039-004 **\$5.00 ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Wye Meng Cheong
220 Nurmi Drive
Ft. Lauderdale, Florida 33301 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
Vice President
Jason Perford
5340 NE 16th Avenue
Ft. Lauderdale, FL 33334 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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☐ Change ☐ Addition

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☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Change ☐ Addition

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

Date

Daytime Phone #