

2005 LIMITED LIABILITY COMPANY REINSTATEMENT

DOCUMENT# L04000037084

Entity Name: JASPER HOMES, LLC

FILED
Sep 29, 2005
Secretary of State

Current Principal Place of Business:

6553 GROSVENOR LANE
ORLANDO, FL 32835

New Principal Place of Business:

6401 MT. PLYMOUTH RD.
APOPKA, FL 32712

Current Mailing Address:

6553 GROSVENOR LANE
ORLANDO, FL 32835

New Mailing Address:

5219 E. HELENA DR.
SCOTTSDALE, AZ 85254

FEI Number:

FEI Number Applied For ()

FEI Number Not Applicable (X)

Certificate of Status Desired (X)

Name and Address of Current Registered Agent:

RIOS, CARLOS
6553 GROSVENOR LANE
ORLANDO, FL 32835 US

Name and Address of New Registered Agent:

ROCA, JORGE
6401 MT. PLYMOUTH RD.
APOPKA, FL 32712 US

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.

SIGNATURE: JORGE ROCA

09/29/2005

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: CALLES, EDWARD
Address: 3820 SPRING VALLEY RD APT. 2014
City-St-Zip: ADDISON, TX 75001

Title: MGRM () Delete
Name: CALLES, SONIA
Address: 3820 SPRING VALLEY RD APT. 2014
City-St-Zip: ADDISON, TX 75001

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: CALLES, EDWARD
Address: 5219 E. HELENA DR
City-St-Zip: SCOTTSDALE, AZ 85254

Title: MGRM (X) Change () Addition
Name: CALLES, SONIA
Address: 5219 E. HELENA DR.
City-St-Zip: SCOTTSDALE, AZ 85254

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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: EDWARD CALLES

MGRM

09/29/2005

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date