

L05000018687

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

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(Business Entity Name)

(Document Number)

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600050610766

04/26/05--01003--019 **55.00

FILED
05 APR 26 AM 10:04
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

FILED
05 APR 26 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CONTACT: CINDY

DATE: 4-26-05

REF. #: 0631.37263

CORP. NAME: K. HOVNANIAN CAMBRIDGE HOMES, L.L.C.

- | | | |
|--|---|--|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input checked="" type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 512305 **FOR \$** 55.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

April 27, 2005

CORPDIRECT AGENTS

TALLAHASSEE, FL

SUBJECT: K. HOVNANIAN CAMBRIDGE HOMES, L.L.C.
Ref. Number: L05000018687

FILED
05 APR 26 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
PLEASE GIVE ORIGINAL SUBMISSION
DATE AS FILE DATE

We have received your document for K. HOVNANIAN CAMBRIDGE HOMES, L.L.C. and your check(s) totaling \$55.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$55.00 payment.

We are confused by this amendment.

Are you sure that the Altamonte Springs address is supposed to be an address for the R.A.?

Is C T CORPORATION SYSTEM still going to be the R.A.?

Is the Altamonte Springs address actually the address of the LLC???

And what address do you want us to change on the Fictitious Name filing? The address of the fictitious name? Or the address of the owner??

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Document Specialist

Letter Number: 905A00029090

RECEIVED
05 APR 28 AM 10:07
DIVISION OF CORPORATION

HPR-01-2005 WED 01:14 PM ORIGINAL DOCUMENT

FIR NO. 401 120100

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the limited liability company is: K. HOVNANIAN CAMBRIDGE HOMES, L.L.C.
2. The mailing address of the limited liability company is 235 NORTH WESTMONTE DR.
ALTAMONTE SPRINGS, FL 32714

FEBRUARY 24, 2005

H05000045781

3. Date of filing/registration in Florida

4. Document number

5. The name of the registered agent and the registered office address as shown on the records of the Florida Department of State:

C T CORPORATION SYSTEM

Name

1200 SOUTH PINE ISLAND ROAD

Address

PLANTATION, FL 33324

City, State and Zip

6. The name and address of the new registered agent and/or office:

WILLIAM S. OROSZ, JR.

Name

235 NORTH WESTMONTE DR.

Florida street address (P.O. Box NOT acceptable)

ALTAMONT SPRINGS FL 32714

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

[Signature]
(Signature of a member or authorized representative of a member)

PETER S. REINHART, SECRETARY & GENERAL COUNSEL

(Printed or typed name of signer)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S. Or, if this document is being filed to hereby reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.
WILLIAM S. OROSZ, JR.

[Signature]
(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

TNR1818(10/99)

FILING FEE: \$25.00

FILED
05 APR 26 AM 10:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA