

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

**FILED**  
**Apr 30, 2007 8:00 am**  
**Secretary of State**

04-30-2007 90046 001 \*\*\*\*55.00

**DOCUMENT # L06000053175**

1. Entity Name

Grand Heritage Homes, LLC



**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
**5737 Pitch Pine Drive**

3. Mailing Address  
**PO Box 692422**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State  
**Orlando, Florida**

City & State  
**Orlando, Florida**

Zip  
**32819-7148**

Country  
**USA**

Zip  
**32869-2422**

Country  
**USA**

4. FEI Number **20-4918949**

Applied For

Not Applicable

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

DO NOT WRITE IN THIS SPACE

**40088850**

**DO NOT WRITE  
IN THIS SPACE**

**7. Name and Address of Current Registered Agent**

Name **Paul A. Mazon**

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

**5737 Pitch Pine Dr**

City **Orlando**

**FL**

Zip Code  
**32819-7148**

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

DATE

**FEE IS \$50.00**

**Make Check Payable to Florida Department of State  
DUE BY MAY 1**

**9. MANAGING MEMBERS/MANAGERS**

TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Paul Mazon 5737 Pitch Pine Drive Orlando, FL 32819</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>MGRM Jennifer Mazon 5737 Pitch Pine Drive Orlando, FL 32819</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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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:**

*Paul A. Mazon*

**20 - APR - 07**

**(407) 247-7459**

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

Date

Daytime Phone #

CR2E083B (12/02)