

2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2004 8:00 am
Secretary of State

04-30-2004 90078 009 ****50.00

DOCUMENT # L93000000158



1. Entity Name
FONTENAY CUSTOM HOMES, L.C.

Principal Place of Business
**535 NORTH PARK AVENUE
WINTER PARK, FL 32789**

Mailing Address
**PO BOX 1508
WINTER PARK, FL 32790**

24061142



2. Principal Place of Business

3. Mailing Address

03312004 Chg-LLC CR2E083 (10/03)

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3230501

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**WILLIAMS, WARREN E
28 WEST CENTRAL BLVD.
ORLANDO, FL 32801**

Name

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

28 W. Central Blvd., Suite 401

City

FL

Zip Code

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 reinstating)

DATE

**Filing Fee is \$50.00
Due by May 1, 2004**

**Make check payable to
Florida Department of State**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GARBE, UDO
535 NORTH PARK AVENUE
WINTER PARK, FL 327893241** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**P.O. Box 1508
Winter Park, FL 32790-1508** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**MGRM
GARBE, ANGELIKE
535 NORTH PARK AVENUE
WINTER PARK, FL 327893241** ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**Garbe, Angelika
P.O. Box 1508
Winter Park, FL 32790-1508** ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ Delete

TITLE
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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 #

UDO Garbe

4-26-04