2001

~~2000~~ UNIFORM BUSINESS REPORT (UBR)

FILED

01 MAR 28 PM 2:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L97000000239

1. Entity Name
SUMMERLIN STORGARD V, L.C.

Principal Place of Business	Mailing Address
~~10791~~ SUMMERLIN ROAD FT. MYERS FL 33908	~~847 MASSACHUSETTS SUITE 210~~ LAWRENCE KS 66044-~~2299~~

2. Principal Place of Business	3. Mailing Address
17701 SUMMERLIN RD	P.O. Box 1753
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip 66044 / Country

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0751122 ☐ 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
PFLUGNER, J. GEOFFREY 2033 MAIN STREET ~~SUITE 101~~ SARASOTA FL 34237	Name: Street Address (P.O. Box Number is Not Acceptable): SUITE 600 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.

SIGNATURE ______________________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SANTAULARIA, J.E. ~~847 MASSACHUSETTS ST STE 408~~ LAWRENCE KS 66044 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☒ Change ☐ Addition 1628 PRESTWICK DRIVE P.O. Box 1753
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MEM HEATHERWOOD HOMES, INC. ~~17693 SUMMERLIN ROAD~~ ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 24850 BURNT PINE DRIVE BONITA SPRINGS FL 34134
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition 400003984904--3 -04/10/01--01063--021 *****50.00 *****50.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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: J E Santaularia 3-20-2001 ~~4-17-00~~ 785-749-0000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #