## 2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE: SIGNATURE AND TYPED OR

DOCUMENT # L9700001403  CELEBRATION HOMES CONSTRUCTION, L.C.					FILED 01 APR 23 PM 4: 08			
Dringingi Dia		Marten Address	<del></del>		SECRETARY OF STALLAHASSEE, FL	ORIDA		
		<u>-</u>	Mailing Address					
			949 CLINT MOORE ROAD BOCA RATON FL 33487					
					T TREATMENT BUT CENTE TRANSFER TRANSFER STATE	BROLDVINI OBSEDIO:	A 9510E (115 19E)	
2 Principal I	Place of Business	3. Mailing Address					. <b> </b>	
2 Third part 1800 of Business		5. Walling Address			· · · · · · · · · · · · · · · · · · ·	#aiti aatāi tikii aiāi	1 PR(20   31 (20)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE			
City & State		City & State	City & State		4. FEI Number Applied For			
Zip Country		7ia	Country			lot Applicable		
ΖIÞ	Country	Zip	Country	5. Certi	5. Certificate of Status Desired Spee Required \$5.00 Additional Fee Required			
	6. Name and Address of Curr	ent Registered Agent	No-	. 7. Nam	e and Address of New Register	ed Agent		
IURREV	N OHNOV D III		Name		_ <del></del>			
	N, QUINCY R III IT MOORE ROAD		Street /	Street Address (P.O. Box Number is Not Acceptable)				
	ATON FL 33487			· · ·		<u> </u>		
			City		FL Zip Code			
8. The above	e named entity submits this statemer	nt for the purpose of changing it	s registered office of	or registered agent.	or both, in the State of Florida.			
			-					
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NO	TE: Registered Agent signs	iture required when reinstati	ing) · DA'	TE		
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CITY-ST-ZIP			CITY-ST-ZIP	<u>L</u> _				
11. I hereby c indicated	ertify that the information supplied von this report is too and adourate a	vith this filing does not qualify fo nd that my signatur€ shall have	r the exemption sta the same legal effe	ted in Section 119.0 ct as if made under	17(3)(i), Florida Statutes. I further a path; that I am a managing mer	certify that the in	nformation I	
limited lial	bility company of the receiver or trus	stee mpowered to execute this	report as required l	by Chapter 608, Flo	orida Statuters.	561-	-	
	AL MAN J.	A NA			01/0/1/21	2000	. 1	

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE