

# 2001. UNIFORM BUSINESS REPORT (UBR)

APPROVE  
AND  
FILED

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AF

DOCUMENT # L98000001113

1. Entity Name

SHELBY HOMES AT THE ENCLAVE, L.C.

01 APR 26 PM 3:34

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

2825 UNIVERSITY DRIVE  
SUITE 300  
CORAL SPRINGS FL 33065

Mailing Address

2825 UNIVERSITY DRIVE  
SUITE 300  
CORAL SPRINGS FL 33065

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

65-0850810

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional  
Fee Required

DO NOT WRITE IN THIS SPACE



6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

SIMON, ERIC A  
2825 UNIVERSITY DRIVE  
SUITE 300  
CORAL SPRINGS FL 33065

Name

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

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

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MGRM  
STREET ADDRESS SIMON, ERIC A  
CITY-ST-ZIP 2825 UNIVERSITY DRIVE SUITE 300  
CORAL SPRINGS FL 33065 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS 500004084835-5  
CITY-ST-ZIP -04/27/01--01049--001  
\*\*\*\*\*55.00 \*\*\*\*\*55.00

TITLE NAME MGRM  
STREET ADDRESS SHELLEY, ROBERT  
CITY-ST-ZIP 2825 UNIVERSITY DRIVE SUITE 300  
CORAL SPRINGS FL 33065 ☐ Delete

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
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CITY-ST-ZIP

TITLE NAME ☐ Delete  
STREET ADDRESS  
CITY-ST-ZIP

TITLE NAME ☐ Change ☐ Addition  
STREET ADDRESS  
CITY-ST-ZIP

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 #

CR2E083 (11/00)

*Eric A Simon*

4/24/01

954-757-9300