

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

FILED
Jun 10, 2002 8:00 am
Secretary of State

DOCUMENT # L98000001756

1. Entity Name
CPH Constructors, LLC

06-10-2002 90468 001 ****50.00
06-10-2002 90468 002 *****5.00

DO NOT WRITE IN THIS SPACE

92056

2. Principal Place of Business
500 West Fulton Street

3. Mailing Address
500 West Fulton Street

Suite, Apt. #, etc.

Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State
Sanford, FL 32772

City & State
Sanford, FL 32772

4. FEI Number
59-3535123

Applied For
Not Applicable

Zip Country

Zip Country

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

**DO NOT WRITE
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name
Bull, Stephen M.
Street Address (P.O. Box Number is Not Acceptable)
111 North Orange Avenue, Suite 1700

Orlando FL 32801

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.

DATE _____

FEE IS \$50.00
Make Check Payable to Department of State
DUE BY MAY 1

9. MANAGING MEMBERS / MANAGERS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gierach, David A. 500 West Fulton Street Sanford, FL 32772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Khosravani, Kamran 500 West Fulton Street Sanford, FL 32772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Gardner, Linda M. 500 West Fulton Street Sanford, FL 32772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	DO NOT WRITE IN THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Terwilleger, David A. 500 West Fulton Street Sanford, FL 32772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM ElBehiri, M. S. 500 West Fulton Street Sanford, FL 32772	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM Zaudtke, Terry M. 500 West Fulton Street Sanford, FL 32772	TITLE NAME 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: *Linda M. Gardner* LINDA M. GARDNER
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

06/07/02 (407)322-6841

Date

Daytime Phone #

CR2E083B (12/01)