

# 2001 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002285

1. Entity Name  
SUNHOUSE CONSTRUCTION OF NORTHWEST FLORIDA, L.L.

FILED

01 APR 30 PM 6:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business  
219 ROLLING DUNES DR.  
SANTA ROSA BEACH FL 32459

Mailing Address  
219 ROLLING DUNES DR  
SANTA ROSA BEACH FL 32459



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number  
65-0880015

Applied For  
Not Applicable

Zip Country

Zip Country

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

WEIDER, NORMAN S ESQ.  
100 S.E. 2ND STREET, SUITE 3910  
MIAMI FL 33131

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 MGRM ☐ Delete  
NAME JOHANSSON, STEFAN  
STREET ADDRESS 363 GRANELLO AVENUE  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE ☐ Change ☐ Addition  
NAME 700004216825  
STREET ADDRESS -05/15/01--01047--028  
CITY-ST-ZIP \*\*\*\*\*50.00 \*\*\*\*\*50.00

TITLE MGRM ☐ Delete  
NAME GREENE, ROY  
STREET ADDRESS 219 ROLLING DUNES DRIVE  
CITY-ST-ZIP SANTA ROSA BEACH FL 32459

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

TITLE ☐ Delete  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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

TITLE ☐ Delete  
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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:

*Ryan M. Greene*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

4.26.2001

Date

8502670922

Daytime Phone #

CR2E083 (11/00)

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