| 2 nd ai F{NAL N(| | t. 29, 1999 or Limit | ed Liab | liity Company | | | | | |
|---|----------------------------------|--|-------------------------|---------------|--|--------------------------------|--------------|----------------------|--|
| EIMITED LIABILITY COMPANY ANNUAL REPORT 1999 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS | | | | | | FILED Mg/2/ 99 SEP 15 AHII: 44 | | | |
| FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee + \$400.00 Late Fee \$ 588.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | | | SECOL TANK FLORIDA TALLAHASSEE FLORIDA TALLAHASSEE FLORIDA | | | | |
| 1 Name and Mailing Address of Limited Liability Company DOCUMENT # 198000002489 | | | | | | | | | |
| HOMES AT DEERWOOD, L.L.C. 1225 S.W. 87TH AVENUE MIAMI FL 33174 | | | | | 1225 S.W. 87TH AVENUE MIAMI FL 33174 | | | | |
| 2 Principal | Place of Business | 2a. Mailing Address | | | 3. Date Organize | ed or Qualified | 3a. State o | of Formation | |
| Suite, Apt # | metc) | P.O. BOX 165820 Suite, Apt #, etc | | | 10/30/1998 FL 4. FEI Number | | | | |
| Cily & State | | City & State | | | 10 008-71 167 | | | Not Applicable | |
| Zp | Country | MIAMT. | Countr | | 5. Date of Last F | | 6. Certifica | te of Status Desired | |
| | 7. Name and Address of Current R | 33116 | D. | ADE | 10 30 9 Name and Address | 8 | | unal Fee Required | |
| MIAMI FL 33174 | | | | | FL ve-named limited liability company submits this statement for the purpose of changing | | | | |
| SEGNATURE (Septemble April A coping Agricultural) (NDE Registered Agrid signature required when reinstating) DATE | | | | | | | | | |
| 10. Title: | Managing Members/Managers | , The state of the | Business Street Address | | | City, State and Zip Code | | | |
| MGR | SEIJAS, VICTOR F | JR. 1225 | S.W. | 87TH AVE | ENUE | MIAMI | FL | | |
| 11. Ide hereby certify that the information supplied with this filing desired qualify for the exemption stated in Section 119.07(3) (i). Florida Statutes. I further certify that the information rous about on this annual report is true and accurate and that mynignature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited blade dy company or the receiver for trusted enurowered to execute this report as required by Chapter 608. Florida Statutes; and that my name appears in Block 10, or on an article hierart with an address. SIGNATURE: Company or the receiver for trusted enurowered to execute this report as required by Chapter 608. Florida Statutes; and that my name appears in Block 10, or on an article hierart with an address. Company or the receiver for trusted enurowered to execute this report as required by Chapter 608. Florida Statutes; and that my name appears in Block 10, or on an article hierart with an address. | | | | | | | | | |

INHSETO R (6/99)