FILED
Aug 25, 2002 8:00 am
Secretary of State
07-02-2002 90817 002 ****55.00

7/2/20

LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L98000002489

1. Entity Name

HOMES AT DEER WOOD LLC

DO NOT WRITE IN THIS SPACE

[redacted]

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 1225 SW 87 AVE
Suite, Apt. #, etc.
City & State: MIAMI, FLA.
Zip: 33174 Country

3. Mailing Address: P.O. BOX 161890
Suite, Apt. #, etc.
City & State: MIAMI FLA.
Zip: 33116 Country

4. FEI Number: 65-0887642 ☐ Applied For ☐ Not Applicable

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: VICTOR F. SEIJAS JR.
Street Address (P.O. Box Number is Not Acceptable): 1225 SW 87 AVE
City: MIAMI FL Zip Code: 33174

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 X [signature] x 8-19-02
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: MGR. NAME: VICTOR F. SEIJAS JR. STREET ADDRESS: 1225 SW 87 AVE CITY-ST-ZIP: MIAMI, FL. 33174	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TITLE NAME STREET ADDRESS CITY-ST-ZIP

DO NOT WRITE IN THIS SPACE

CR2E083B (12/01)

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] 6-24-02 305-378-0123
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #