	or before			imited	l Liability	Com	pany will	be						
LIMITE	Y COMPA EPORT 9	LORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS				FILED 99 APR 28 PM 4: 54								
FILING FEE Annual Report \$100.00 + \$88.75 Corporation Supplemental Fee									i					
\$ 188.75 Make Check Payable To: FLORIDA DEPARTMENT OF STATE 1. Name and Mailing Address of Limited Liability Company DOCUMENT # L98000002545									SECRÉTARY OF STACE TALLAHASSEE, FLORIDA					
of Limited Liability Company									1a. Principal Place of Business Address					
BETTER BUILT HOMES LIMITED COMPANY 806 W. COLUMBUS DRIVE TAMPA FL 33602									806 W. COLUMBUS DRIVE TAMPA FL 33602					
2 Principal Place of Business					2a. Mailing Address				3. Date Organized or Qualified 3a. State of Formation				rmation	1
Suite, Apt. #, etc.				Suite, Ap	ot. #, etc.			11/04/1		998	FL			
							4. FEI Number		0.57			Applied For	4	
City & State				City & St	ale				59 - 3546057 5. Date of Last Report		6 Cartific		Not Applicable Status Desired	
Zıp	Country		Zip Counti			у		S8 75 Additional Fee Re				ار		
7. Name and Address of Current Registered A					Agent		8. Name and Addres			s of New Regis	tered Agen	tOffic	ce	
9. Pursua its register	red office or reg red agent, and	sions of Sections of Sections of Sections of Sections of Sections accept the other sections of the other secti	ons 608.416 an orboth, in the S bligations.	State of Flo	s, Florida Statute rida. Such chang	ge was a	uthorized by affi	nited liabi irmative v	vote of a majorii	FL ubmits this state by of the member	s. I hereby a	ccept	the appointment	
(Registered Agent Accepting Appoint 10. Title Managing Members/Managers					ointment) (NOTE Registered Agent signature required which rems Business Street Addre							r, State and Zip Code		
MGR	GR EAGLE TWO LIMITED CO,					806 W. COLUMBUS DE				000002865900- -05/06/99011030			9 00 103012 ****188.	- 1
11. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. If urther certify that the information indicated on this annual 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 trusteed impowered to effect this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. SIGNATURE: SIGNATURE AND TYPED OR PENNIED NAME OF SIGNING MANAGING MEMBER OR MANAGER Day Report Prince M.														9