

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND AND  
FILED

0008899 AF

DOCUMENT # L98000002588

1. Entity Name  
KRAFT CUSTOM HOMES, L.L.C.

00 APR -3 AM 9:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

4/18



DO NOT WRITE IN THIS SPACE

Principal Place of Business 2606 SOUTH HORSESHOE DRIVE NAPLES FL 34104		Mailing Address 2606 SOUTH HORSESHOE DRIVE NAPLES FL 34104-6121	
2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country		3. Mailing Address Suite, Apt. #, etc. City & State Zip Country	

4. FEI Number 65-0880723	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required	

6. Name and Address of Current Registered Agent GRANT, RICHARD C GRANT, FRIDKIN, PEARSON, ATHAN 5551 RIDGEWOOD DRIVE, SUITE 501 NAPLES FL 34108		7. Name and Address of New Registered Agent Name Farhad F. Pezeshkan Street Address (P.O. Box Number is Not Acceptable) 2606 South Horseshoe Drive City Naples FL Zip Code 34104	
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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 (NOTE: Registered Agent signature required when reinstating) 03-24-00  
Signature, typed or printed name of registered agent and title if applicable. DATE

**FILE NOW!!! FEE IS \$50.00**  
**Make Check Payable to Department of State**

9. MANAGING MEMBERS/MEMBERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR KRAFT CONSTRUCTION COMPANY, INC. 2606 SOUTH HORSESHOE DRIVE NAPLES FL 34104 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Farhad F. Pezeshkan 2680 Lantern Lane Naples, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Managing Member Robert Carsello 725 Coral Drive Naples, FL 34104 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	200003224292--5 -04/26/00--01019--012 *****55.00 *****55.00 <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: 03-24-00 (941) 643-6000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER Date Daytime Phone #

CR2E083 (9/99)