2000 UNIFORM BUSINESS REPORT (UBR)

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KRAFT CUSTOM HOMES, L.L.Ć.											
			_] 1	SECRETARY OF FALLAHASSEE, F	STATE		
Principal Place	e of Business		Mail	ling Address			7				
			2606 SOUTH HORSESHOE DRIVE			ļ	<u></u>	4	18		
NAPLES FL 34104 NAPLES FL 34104-6121							Τ'	(1			
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. Principal Place of Business			3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.					DO NOT WRITE IN THIS SPACE			
City & State	9		Ci	ity & State			4. FEI	Number 65-088072	3	_ 	oplied For ot Applicable
Zip		Country	Zi	p	Cour	ntry	5. Ceri	tificate of Status Desired		\$5.00 Add Fee Require	
	6. Name a	and Address of Curren	nt Registe	ered Agent			7. Nam	ne and Address of New I	Registered A	gent	
GRANT, RI	ICHARD C					Name		F. Pezeshkan			
-		Arson, Athan				Street A	ddress (P.O. Box Number is Not Acceptable) 2606 South Horseshoe Drive				
		RIVE, SUITE 501	,			<u> </u>	2000 00	den norsesnoe	DITTE	-	
						City	aples		FL	Zip Cod 341	 04
NAPLES F	E 01100										- ,
	<u>. </u>	submits this atatement	for the pu	rpose of changing i	ts register			or both, in the State of Fl	orida.		
3. The above	named entity	1/1/1/1/1/				ed office or	registered agent,			-00	
3. The above	named entity	submits this atatement				ed office or			03-24 DATE	-00	——————————————————————————————————————
3. The above	named entity	1/1/1/1/1/		applicable. (NC	DTE: Registere	ed office or	registered agent,			-00	
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3. The above of the state of th	named entity	r printed name of registered ager	nt and title if a	pplicable. (NC FILE N Make Check P	OTE: Registere	ed office or Agent signate FEE IS \$ TO Departe	registered agent, ure required when reinsta	iting)	03-24 DATE	-00	
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SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

03-24-00

(941) 643-6000

Daytime Phone #