

**LIMITED LIABILITY COMPANY  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**May 12, 2002 8:00 am**  
**Secretary of State**

05-12-2002 90577 014 \*\*\*\*50.00

DOCUMENT # **L98000002598**

1. Entity Name

**Steinermann Windsor Parke I, LLC**

**DO NOT WRITE IN THIS SPACE**

**957287**

2. Principal Place of Business

**13901 Sutton Park Dr. S.**

3. Mailing Address

**Same**

Suite, Apt. #, etc.

**Ste. 100**

Suite, Apt. #, etc.

City & State

**Jacksonville, FL**

City & State

4. FEI Number

**59-3599076**

Applied For

Not Applicable

Zip

**32224**

Country

**U.S.**

Zip

Country

5. Certificate of Status Desired ☐

**\$5.00** Additional  
Fee Required

DO NOT WRITE IN THIS SPACE

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name

**Frank D Upchurch**

Street Address (P.O. Box Number is Not Acceptable)

**780 North Ponce De Leon Blvd**

City

**St. Augustine**

FL

Zip Code

**32084**

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

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  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
**Mgr.  
Steinermann Development Company - Florida, Inc.  
13901 Sutton Park Dr. S, Ste 100  
Jacksonville, FL 32224**

TITLE  
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CITY - ST - ZIP

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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

**Robert E. Ubell, CFO**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

**4/30/01**

Date

**904-821-9600**

Daytime Phone #

CR2E083B (12/01)