2001 UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

DOCUMENT # L98000002942 **FILED** 1. Entity Name Apr 26 2001 8:00 am SHELBY HOMES AT GRAND CYPRESS ESTATES, L.C. Secretary of State Principal Place of Business Mailing Address 2825 UNIVERSITY DRIVE, SUITE 300 2825 UNIVERSITY DRIVE, SUITE 300 CORAL SPRINGS FL 33065 CORAL SPRINGS FL 33065 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0878496 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name SIMON, ERIC A Street Address (P.O. Box Number is Not Acceptable) 2825 UNIVERSITY DRIVE, SUITE 300 **CORAL SPRINGS FL 33065** City Zin Code FL 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. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS 10. ADDITIONS/CHANGES TITLE TITI F ☐ Delete MGRM NAME NAME -04/27/01--01093--003 SHELLEY, ROBERT STREET ADDRESS STREET ADDRESS *****55.00 *****55.00 2825 UNIVERSITY DRIVE, SUITE 300 CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33065 TITLE ☐ Delete TITLE ☐ Change ☐ Addition **MGRM** NAME NAME SIMON, ERIC A STREET ADDRESS STREET ADDRESS 2825 UNIVERSITY DRIVE, SUITE 300 CITY-ST-ZIP CITY-ST-7/P CORAL SPRINGS FL 33065 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZiP TITLE ☐ Delete TITLE Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE