

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000001084

1. Entity Name

ISLAMORADA HOMES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

100 NOV -6 PM 1:02

Principal Place of Business: c/o 200 S. Biscayne Blvd. Suite 2100 Miami, FL 33131
Mailing Address: c/o 200 S. Biscayne Blvd. Suite 2100 Miami, FL 33131

2. Principal Place of Business: 15400 N.W. 34th Avenue
3. Mailing Address: 15400 N.W. 34th Avenue

City & State: Miami, FL
City & State: Miami, FL

Zip: 33054
Country: USA

4. FEI Number: 65-0916860
Applied For: Not Applicable

5. Certificate of Status Desired:
\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

Paul A. Lester
200 S. Biscayne Blvd., Suite 2100
Miami, FL 33131

7. Name and Address of New Registered Agent

Name: Paul A. Lester (NEW ADDRESS)
Street Address (P.O. Box Number is Not Acceptable): 201 Alhambra Circle Suite 601
City: Coral Gables FL Zip Code: 33134

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: _____ DATE: _____
(Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when renewing))

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

9. MANAGING MEMBERS / MEMBERS

TITLE: Manager Delete
NAME: Lodge Enterprises Limited Partnership
STREET ADDRESS: 15400 N.W. 34th Avenue
CITY-ST-ZIP: Miami, FL 33147

TITLE: Manager Delete
NAME: Off Construction, Inc.
STREET ADDRESS: 110 Giardino Drive
CITY-ST-ZIP: Islamorada, FL 33036

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Delete
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

10. ADDITIONS / CHANGES

TITLE: Manager Change Addition
NAME: Ivory International, Inc.
STREET ADDRESS: 15400 N.W. 34th Avenue
CITY-ST-ZIP: Miami, FL 33147

TITLE: Change Addition
NAME: 200003465242--8
STREET ADDRESS: -11/15/00--01119--016
CITY-ST-ZIP: *****50.00 *****50.00

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

TITLE: Change Addition
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

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.

Robert J. Lodge, Trustee, as General Partner
of Lodge Enterprises Limited Partnership 305-687-2244

SIGNATURE: _____
(Signature and typed or printed name of signing managing member or manager)

Date

Daytime Phone #