

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

**FILED**  
**Apr 22, 2002 8:00 am**  
**Secretary of State**

04-22-2002 90238 044 \*\*\*\*50.00

DOCUMENT # L99000001084  
1. Entity Name  
ISLAMORADA HOMES, L.L.C.

943357

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business  
15400 N.W. 34 Ave.  
Suite, Apt. #, etc.

3. Mailing Address  
same  
Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State  
Miami, FL  
Zip  
33054

City & State  
Country  
Zip  
Country

4. FEI Number  
650916860  
Applied For  
Not Applicable  
5. Certificate of Status Desired  \$5.00 Additional Fee Required

**DO NOT WRITE  
IN THIS SPACE**

7. Name and Address of Current Registered Agent  
Name Lester, Paul A.  
Street Address (P.O. Box Number is Not Acceptable)  
Suntrust Plaza, 201 Alahambra 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 title if applicable.

**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 Robert J. Lodge 15400 N.W. 34 Ave. Miami, FL 33054
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR Orr Construction, Inc. 8888 Overseas Highway Tavernier FL 33070
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**DO NOT WRITE  
IN THIS SPACE**

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: *Robert K. Orr* Robert K. Orr, President of Orr Construction, Inc. 4/8/02 305-852-2210  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083B (12/01)