

2003 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT# L99000001084

FILED
Apr 25, 2003
Secretary of State

Entity Name: ISLAMORADA HOMES, L.L.C.

Current Principal Place of Business:

15400 N.W. 34TH AVE.
MIAMI, FL 33054

New Principal Place of Business:

Current Mailing Address:

15400 N.W. 34TH AVE.
MIAMI, FL 33054

New Mailing Address:

FEI Number: 65-0916860

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

LESTER, PAUL A
SUNTRUST PLAZA, 201 ALHAMBRA CIRCLE
SUITE 601
CORAL GABLES, FL 33134 US

Name and Address of New Registered Agent:

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: _____

Electronic Signature of Registered Agent

_____ Date

MANAGING MEMBERS/MEMBERS:

Title: MGR () Delete
Name: LODGE ENTERPRISES LI, MITED PARTNERS H IP
Address: 15400 N.W. 34TH AVENUE
City-St-Zip: MIAMI, FL 33147

Title: MGR () Delete
Name: ORR CONSTRUCTION, IN, C.
Address: 110 GIARDINO DRIVE
City-St-Zip: ISLAMORADA, FL 33036

Title: MGR () Delete
Name: IVORY INTERNATIONAL,, INC.
Address: 15400 N.W. 34TH AVE.
City-St-Zip: MIAMI, FL 33054

ADDITIONS/CHANGES:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 J. LODGE

MGR

04/25/2003

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date