2000 UNIFORM BUSINESS REPORT (UBR) L9900002642 DOCUMENT # 1. Entity Name FHFD SOUTHERN TRADITION HOMEBUILDERS, L.L.C. MAY 24 PM 1: 10 Principal Place of Business Mailing Address SECRETARY OF STATE. TALLAHASSEE, FLGRIDA 5733 RIDGEFIELD COURT 5733 RIDGEFIELD COURT MILTON FL 32583 MILTON FL 32583-1601 3. Mailing Address 2. Principal Place of Business 235 E. Nine MileRd. Swite 16 Southern Tradition Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. 235 E. Nine Mile Rd. Suitelb 235 E. Nine Mile Rd. Suite K ity & State 4. FEI Number Applied For Pensacola 59-3581327 Not Applicable ensacola, Fl Country \$5.00 Additional Zip 325<u>34</u> 5. Certificate of Status Desired Escambia Fee Required Escambia 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Gerald Kindon Emmanuel JEWELL, DAVID F CARYL A. JEWELL Street Address (P.O. B 5733 RIDGEFIELD COURT MILTON FL 32583 Zin Code 32596 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. FILE NOW!!! FEE IS \$50.00 Make Check Payable to Department of State MANAGING MEMBERS/MEMBERS ADDITIONS/CHANGES 9. 10. MGRM Shows, Luke N. Addition TITLE TITLE Change **MGRM Delate** MAME SHOWS, LUKE N NAME . 10841 Shadow Creek De. STREET ADDRESS STREET ANDRESS **828 TULLAHOMA DRIVE** Pen., FI 32524 32514 CITY-ST-ZIP CITY-ST-ZEP AUBURN AL 36830 ☐ Change ■ Addition Delete TITLE TITLE MGRM MAME NAME JEWELL, DAVID F STREET ADDRESS STREET ADDRESS 5733 RIDGEFIELD COURT C1TY- \$T-71P CITY-ST-ZIP MILTON FL 32583 TITLE TITLE MGRM MAME MAME JEWELL, CARYL'A STREET ADDRESS STREET ADDRESS **5733 RIDGEFIELD COURT** CITY-ST-ZIP CITY-ST-7IP MILTON FL 32583 Change Addition | Delate TITLE TITLE NAME NAME 000003290100--1 -06/14/00--01118--011 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ****55.00 Addition TPRE ☐ Detete NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST-ZIP Addition Change Delete TITLE TITLE MAME STREET ADDRESS STREET ADDRESS CITY- ST- Z(P 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)(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. RSO-478-18/00

SIGNATURE AND YPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

4414

Daytime Phone #