2000	UNIFORM BUS	SINESS REP	ORT ((UBR)		APPROVED AND		•	:
DOCUMENT # L9900003689					FILED				
ELITE FLORIDA HOMES LLC					00	JUL =5 AM 11: 22			
					SECRETARY OF STATE TALLAHASSEE, FLORIDA				
Principal Place of Business 4614 EAGLE PEEK DRIVE		Mailing Address 4614 EAGLE PEEK DRIVE			I AL	FAHASSEELLEGUN	/1	1	
EAGLE POINTE		EAGLE POINTE				•			
KISSIMMEE F	:L 34746	KISSIMMEE FL 34746-	-6601						
2. Principal Place of Business		3. Mailing Address] "		##111 80 100 12110 #1101		
Suite, Apt. #, etc.		Suite, Apt. #, etc.				DO NOT WRITE IN T	HIS SPACE	•	
City & State		City & State		_	4. FEI Nu	umber :		oplied For ot Applicable	-
Zip	Country	Zip	Count	ry	5. Certifi	cate of Status Desired	\$5.00 Add		-
<u>-~</u>	6. Name and Address of Curre	nt Registered Agent			7. Name	and Address of New Register			1
SPIEGEL & UTRERA, P.A.				Name Street Address (P.O. Box Number is Not Acceptable)					
343 ALME	eria avenue		}	Street Addres	S (P.O. BOX NO				
CORAL G	IABLES FL 33134		ļ	City Zip Code				-	
							FL Zip Code		-
8. The above	e named entity submits this statement	t for the purpose of changing	j its registere	a onice or regis	tereo agent, o	r both, in the State of Florida.		,	
SIGNATURE	Signature, typed or printed name of registered ag-	ent and title if applicable. (I	NOTE: Registered	Agent signature requ	ired when reinstating	g) DA	ATE	://_	
		EILE	-NOW!!!-F	EE.IS \$50.0	O		, 		
		Make Check		, ,					
9.	MANAGING MEMBERS/MEMBERS					ADDITIONS/CHAN	GES		ا ا ج
TITLE MAME	MGR SUNDERLAND, DEREK 4614 EAGLE PEEK DRIVE, EAGLE POINTE KISSIMMEE FL 34746			:				Addition	0.70
STREET ADDRESS City-St-Zip				T ADDRESS ST-ZIP		60000333 -07/12/00	21286 101073-	35 -004	2007
TITLE	NISSIMMEE PL 34740	☐ Delete	TITLE	`		-07/12/00 *****50.		* To Addition	CESE
NAME STREET ADDRESS			name Stree	T ADDRESS					
CITY-ST-ZIP				&T-ZIP				- Addisian	<u>`</u> -
TITLE MAME		Deleta	TITLE	1			Change	Addition	
STREET ADDRESS City-St-Zip				T ADDRESS \$T-ZIP					
TITLE		☐ Delete	TITLE		****		Change	netfibba 🗌	1
MAME STREET ADDRESS	:		STREE	T ADDRESS					
CITY- ST- ZIP		Ociate	CITY-	81- ZIP			Change	Addition	}
RAME			NAME					_	
STREET ADDRESS CITY-8T-ZIP				T ADDRÉSS ST-ZIP					
TITLE		Delete	TITLE Name				Change	Addition	
STREET ADDRESS CITY-ST-ZIP			\$TREE	T ADDRESS ST-ZIP					
11. I hereby	certify that the information supplied w		y for the exem	nption stated in					1
	d on this report is true and accurate a ability company or the receiver or trus						mber or manage	r of the	
		KKRE REOI	UIREI	D		21 m = =)200-		
SIGNAT	SIGNATURE AND TYPED OR	PRINTED NAME OF SIGNING MANAG				Date ()	Daytime Phone #		