

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 11, 2003 8:00 am
Secretary of State

04-11-2003 90013 008 ****50.00

DOCUMENT # L99000003689



1. Entity Name
ELITE FLORIDA HOMES LLC

Principal Place of Business 4614 EAGLE PEEK DRIVE EAGLE POINTE KISSIMMEE FL 34746	Mailing Address 4614 EAGLE PEEK DRIVE EAGLE POINTE KISSIMMEE FL 34746
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2. Principal Place of Business 5260 W. IRLO BRONSON HWY	3. Mailing Address 922 CROTON ROAD
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Suite, Apt. #, etc. SUITE # 111	Suite, Apt. #, etc.
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CHECK HERE IF MAKING CHANGES

City & State KISSIMMEE FL	City & State CELEBRATION FL
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4. FEI Number 59-3583000	Applied For <input type="checkbox"/> Not Applicable
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Zip 34746	Country USA	Zip 34747	Country USA
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**SPIEGEL & UTRERA, P.A.
343 ALMERIA AVENUE
CORAL GABLES FL 33134**

Name
Street Address (P.O. Box Number is Not Acceptable)
City FL Zip Code

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. I am familiar with, and accept the obligations of registered agent.

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

FILE NOW!!! FEE IS \$50.00

**Make Check Payable to Florida Department of State
Due By May 1, 2003**

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE MGR	<input type="checkbox"/> Delete
NAME SUNDERLAND, DEREK	
STREET ADDRESS 4614 EAGLE PEEK DRIVE, EAGLE POINTE	
CITY-ST-ZIP KISSIMMEE FL 34746	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME SUNDERLAND DEREK	
STREET ADDRESS 922 CROTON ROAD	
CITY-ST-ZIP CELEBRATION FL 34747	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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)(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: **DEREK SUNDERLAND** DATE: **01/05/03** DAYTIME PHONE #: **407-908-1440**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

CR2E083 (10/02)