## 2002 UNIFORM BUSINESS REPORT (UBR)

MAITLAND FL 32751

3. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

## DOCUMENT # L9900003862 1. Entity Name SINGLE-FAMILY DEVELOPERS, L.L.C. Mailing Address Principal Place of Business 2200 LUCIEN WAY, SUITE 350

2200 LUCIEN WAY. SUITE 350

2. Principal Place of Business

Country

DODSON, T. JEFFREY

MAITLAND FL 32751

2200 LUCIEN WAY, SUITE 350

6. Name and Address of Current Registered Agent

Suite, Apt. #, etc.

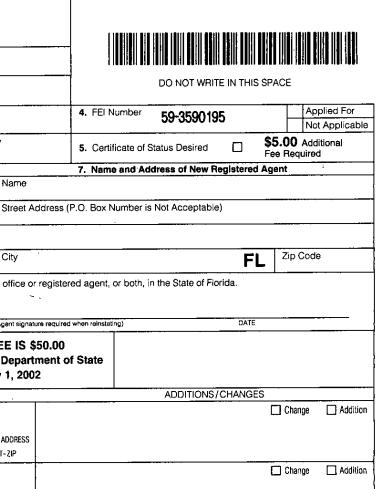
City & State

Zip

MAITLAND FL 32751

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

04-22-2002 90156 016 \*\*\*\*50.00



			City	FL	Zip Code	)
B. The above	named entity submits this statement for the pr	urpose of changing its	registered office or registered agent, or bo	th, in the State of Florida.		- ''
SIGNATURE .			~ .			
JIGNATONE .	Signature, typed or printed name of registered agent and title it	applicable. (NOT	E. Registered Agent signature required when reinstating)	DATE		
		Make Check Pa	OW!!! FEE IS \$50.00 syable to Department of State By May 1, 2002			
9.	MANAGING MEMBERS/MA	ANAGERS	10.	ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM RINK DEVELOPMENT & MANAGEMEN 2200 LUCIEN WAY, SUITE 350 MAITLAND FL 32751	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM WILLIFORD, JAMES R 2200 LUCIEN WAY, SUITE 350 MAITLAND FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM REALVEST PARTNERS, INC. 2200 LUCIEN WAY, SUITE 350 MAITLAND FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM LIVINGSTON, GEORGE D 2200 LUCIEN WAY, SUITE 350 MAITLAND FL 32751	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change	☐ Additio
TITLE NAME STREET ADDRESS CITY-ST-ZIP	certify that the information supplied with this fil	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		Change Change	Additio

Country

Name

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** 

2/26/02 Date