

2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)


FILED
Apr 29, 2003 8:00 am
Secretary of State

04-29-2003 90025 033 ****50.00

000001

DOCUMENT # L99000003862

1. Entity Name
SINGLE-FAMILY DEVELOPERS, L.L.C.



Principal Place of Business Mailing Address


**2200 LUCIEN WAY, SUITE 350
MAITLAND FL 32751** **2200 LUCIEN WAY, SUITE 350
MAITLAND FL 32751**

2. Principal Place of Business 3. Mailing Address

Suite, Apt. #, etc. Suite, Apt. #, etc.

City & State City & State

Zip Country Zip Country



CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3590195** Applied For
Not Applicable

5. Certificate of Status Desired **\$5.00 Additional Fee Required**

6. Name and Address of Current Registered Agent

**DODSON, T. JEFFREY
2200 LUCIEN WAY, SUITE 350
MAITLAND FL 32751**

7. Name and Address of New Registered Agent

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Florida Department of State
Due By May 1, 2003

9. MANAGING MEMBERS / MANAGERS

TITLE	MGRM	<input type="checkbox"/> Delete
NAME	RINK DEVELOPMENT & MANAGEMENT, INC.	
STREET ADDRESS	2200 LUCIEN WAY, SUITE 350	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	WILLIFORD, JAMES R	
STREET ADDRESS	2200 LUCIEN WAY, SUITE 350	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	REALVEST PARTNERS, INC.	
STREET ADDRESS	2200 LUCIEN WAY, SUITE 350	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE	MGRM	<input type="checkbox"/> Delete
NAME	LIVINGSTON, GEORGE D	
STREET ADDRESS	2200 LUCIEN WAY, SUITE 350	
CITY-ST-ZIP	MAITLAND FL 32751	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS / CHANGES

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		
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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: *Jeffrey Dodson* PRES RINK 1/23/03 4072570144
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)