

FILED
May 05, 2003 8:00 am
Secretary of State

05-05-2003 91434 049 *****50.00

**2003 LIMITED LIABILITY COMPANY
UNIFORM BUSINESS REPORT (UBR)**

DOCUMENT # L99000004216

1. Entity Name
FRASER/BCB HOMES I, L.L.C.



Principal Place of Business
3606 ENTERPRISE AVENUE
NAPLES, FL 34104

Mailing Address
3606 ENTERPRISE AVENUE
NAPLES, FL 34104

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-3591472

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional
Fee Required

6. Name and Address of Current Registered Agent

SMALLWOOD, JOSEPH C JR
3606 ENTERPRISE AVENUE
NAPLES, FL 34104

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when applicable)

DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
BORAN CRAIG BARBER HOMES, INC.
3606 ENTERPRISE AVENUE
NAPLES, FL 34104

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
MGRM
ALAN FRASER HOMES CORPORATION
777 BRICKELL AVENUE SUITE 500
MIAMI, FL 33131

☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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10. ADDITIONS/CHANGES

☐ Change ☐ Addition

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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 606, Florida Statutes.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

Date

Daytime Phone #

30069802



☐ CHECK HERE IF MAKING CHANGES

CR2E093 (1/0/02)