

2002 UNIFORM BUSINESS REPORT (UBR)

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

04-22-2002 90152 030 ****55.00

DOCUMENT # L99000005172

1. Entity Name

SOUTHERN CLASSIC HOMES, L.L.C.

Principal Place of Business

**1999 POINTE WEST DRIVE
 VERO BEACH FL 32966**

Mailing Address

**1999 POINTE WEST DRIVE
 VERO BEACH FL 32966**

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

59-3129140

Applied For

Not Applicable

5. Certificate of Status Desired



\$5.00 Additional
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**HATCH, IRA C
 1701 HWY A1A
 SUITE 220
 VERO BEACH FL 32963**

Name

ROBERT K. BERGER

Street Address (P.O. Box Number is Not Acceptable)

4520 DIXIE HWY NE

City

PALM BAY

FL

Zip Code

32905

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.

SIGNATURE

[Signature]

ROBERT K. BERGER, MGR

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

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State
Due By May 1, 2002

9. MANAGING MEMBERS/MANAGERS

10. ADDITIONS/CHANGES

TITLE **MGR** ☐ Delete
 NAME **MECHLING, CHUCK**
 STREET ADDRESS **1999 POINTE WEST DRIVE**
 CITY-ST-ZIP **VERO BEACH FL 32966**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE **MGR** ☐ Delete
 NAME **BERGER, ROBERT K**
 STREET ADDRESS **4520 DIXIE HWY NE**
 CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ Change ☐ Addition
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Delete
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition
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TITLE ☐ Change ☐ 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:

[Signature]

ROBERT K. BERGER, MGR

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

Date

321-723-0388

Daytime Phone #

CR2E083 (9/01)