

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # L99000005324

1. Entity Name
LANGLEY HOMES, L.L.C.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
00 MAY 4 PM 3:33

Principal Place of Business

5100 TAMiami TRAIL NORTH
SUITE 201
NAPLES FL 34103

Mailing Address

5100 TAMiami TRAIL NORTH
SUITE 201
NAPLES FL 34103-2010

2. Principal Place of Business

4001 Tamiami Trail N.
Suite, Apt. #, etc. 285

3. Mailing Address

4001 Tamiami Trail N
Suite, Apt. #, etc. 285

City & State

Naples, FL
Zip 34103 Country

City & State

Naples, FL
Zip 34103 Country

4. FEI Number

65-0941161

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$5.00 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

SZEMPRUCH, DAVID J ESQ.
5100 TAMiami TRAIL NORTH
SUITE 201
NAPLES FL 34103

7. Name and Address of New Registered Agent

Name Kyle N. Williamson
Street Address (P.O. Box Number is Not Acceptable)
% Chastang, Ferrell, Sims & Eiserman LLC
4001 Tamiami Trail N., Suite 285
City Naples FL Zip Code 34103

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

K.N. Williamson

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

(NOTE: Registered Agent signature required when reinstating)

5/2/00

DATE

FILE NOW!!! FEE IS \$50.00
Make Check Payable to Department of State

9. MANAGING MEMBERS/MEMBERS

TITLE	MGR	<input type="checkbox"/> Delete
NAME	MINHAS, MAX	
STREET ADDRESS	301A BAYPOINT 33 BLUEBILL AVE.	
CITY-ST-ZIP	NAPLES FL 34108	
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		

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		
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:

SIGNATURE REQUIRED

5/2/00

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)