2000 UNIFORM BUSINESS REPORT (UBR)

			<u> </u>				
DOCUMENT # L9900005324 1. Entity Name LANGLEY HOMES, L.L.C.				DIA.	FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS		
		•	•	.) "-			
Principal Place of Business SHOO TAMIAMI TRAIL NORTH SHITE ZOI NAPLES FL 34103- Mailing Address 5400 TAMIAMI TRAIL NORTH SUITE ZOI NAPLES FL 34103-2010			TH	_	OC MAY 4 PM 3: 33	11. 11. 11. 11.	
2. Principal P	Place of Business	3. Mailing Address		\dashv	! 	6 11 8/8/198	
4001 TAMIAMI Trail N. 4001 TAMIAMI TEAI					,		
Suite Apt # atc					DO NOT WRITE IN THIS SPACE		
285 285							
City & State Naples, FL City & State Naples			FL 4. FEI Number 65 - 0941161 Applied For Not Applicable				
7in Country 7in			Country — \$5.00 Additional				
34	(03	24103	,	5. Certi	ficate of Status Desired Fee Required	lional	
	6. Name and Address of Current	Registered Agent		7. Nam	e and Address of New Registered Agent		
			Name Kul	N. W	illiamson		
SZEMPRUCH, DAVID J ESQ. Street Address (F					P.O. Box Number is Not Acceptable)		
5100 TAMIAMI TRAIL NORTH % Cha				ASTANG	Istang Forrell, SIMS & EISERMAN LLC		
SUITE 201 450 L				TAMIA	ni Trail N., Suite 285		
NAPLES FL 34103-					FL Zip Code	21/22	
				ples		37/03	
8. The above	named entity submits this statement for	r the purpose of changing its re	egistered office or regist	ered agent,	or both, in the State of Florida.		
CIONIATURE	Kan (W.U.	WARE FOO			5/2/00		
SIGNATURE	Signature, typed or printed pame of registered agent a	and title if applicable. (NOTE:	Registered Agent signature requir	red when reinstati	ng) DATE		
		THE NO	WIII FFF 10 656 66				
	•		W!!! FEE IS \$50.00				
	·	make Check Pay	able to Department	OI State			
9.	MANAGING MEMBE	ERS/MEMBERS	10.		ADDITIONS/CHANGES		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE RAME STREET ADDRESS CITY-ST-ZIP 11. hereby coindicated	certify that the information supplied with from this report is true and accurate and ability company or the receiver or trustee	Deleta this filling does not qualify for that my signature shall have the	TITLE NAME \$TREET ADDRESS CITY- \$T-ZIP TITLE NAME \$TREET ADDRESS CITY- \$T-ZIP the exemption stated in Seport as required by Characteristics.	made unde	Change O7(3)(i), Florida Statutes. I further certify that the infinity that I am a managing member or manager	Addition	