

# 2000 UNIFORM BUSINESS REPORT (UBR)

APPROVED  
AND  
FILED

00 APR 22 AM 9: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # L99000006331

1. Entity Name  
HIBISCUS BUILDERS, LLC

Principal Place of Business 661 SUFFOLK CIRCLE NOKOMIS FL 34275	Mailing Address 661 SUFFOLK CIRCLE NOKOMIS FL 34275-1688
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2. Principal Place of Business      3. Mailing Address

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

City & State      City & State

Zip      Country      Zip      Country

*MM*

DO NOT WRITE IN THIS SPACE

4. FEI Number  
**65-0953259**      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

SPIEGEL & UTRERA, P.A.  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

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.

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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

**600003246806--2**  
-05/10/00--01079--004  
\*\*\*\*\*50.00 \*\*\*\*\*50.00

9. MANAGING MEMBERS/MEMBERS

10. ADDITIONS/CHANGES

TITLE NAME MGRM GOINGS, JONATHAN A STREET ADDRESS 661 SUFFOLK CIRCLE CITY- ST- ZIP NOKOMIS FL 34275	<input type="checkbox"/> Delete
TITLE NAME MGRM BIRGITTE RUNGE GOINGS STREET ADDRESS 661 SUFFOLK CIRCLE CITY- ST- ZIP NOKOMIS FL 34275	<input type="checkbox"/> Delete
TITLE NAME MGRM EATON, JOHN D STREET ADDRESS 661 SUFFOLK CIRCLE CITY- ST- ZIP NOKOMIS FL 34275	<input type="checkbox"/> Delete
TITLE NAME MGRM EATON, DONNA C STREET ADDRESS 661 SUFFOLK CIRCLE CITY- ST- ZIP NOKOMIS FL 34275	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete
TITLE NAME	<input type="checkbox"/> Delete

TITLE NAME	<input type="checkbox"/> Change <input type="checkbox"/> 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 608, Florida Statutes.

SIGNATURE: *Donna C. Eaton*      SIGNATURE REQUIRED      *DONNA C. EATON*      4/18/00      941-483-4994  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER      Date      Daytime Phone #

CR2E083 (9/99)