2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED
Jan 16, 2003 8:00 am
Secretary of State

01-16-2003 90228 037 ****55.00

DOCUMENT # L99000009125

1. Entity Name
KRAFT (BAY COLONY) CUSTOM HOMES, L.L.C.

Principal Place of Business
2606 SOUTH HORSESHOE DRIVE
NAPLES FL 34104

Mailing Address
2606 SOUTH HORSESHOE DRIVE
NAPLES FL 34104

20009164

☐ CHECK HERE IF MAKING CHANGES

2. Principal Place of Business
Suite, Apt. #, etc.
City & State
Zip | Country

3. Mailing Address
Suite, Apt. #, etc.
City & State
Zip | Country

4. FEI Number 65-0971278 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent
PEZESHKAN, FARHAD F
2606 S. HORSESHOE DR.
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 reinstating) DATE

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

9. MANAGING MEMBERS/MANAGERS

TITLE	MGRM	☐ Delete
NAME	KRAFT CUSTOM HOMES INC	
STREET ADDRESS	2606 SOUTH HORSESHOE DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	P	☐ Delete
NAME	PEZESHKAN, F. FRED	
STREET ADDRESS	2606 SOUTH HORSESHOE DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	V	☐ Delete
NAME	CARSELLO, ROBERT	
STREET ADDRESS	2606 SOUTH HORSESHOE DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	V	☐ Delete
NAME	PEZESHKAN, KOUROSH	
STREET ADDRESS	2606 SOUTH HORSESHOE DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE	V	☐ Delete
NAME	NALV, JOHN	
STREET ADDRESS	2606 SOUTH HORSESHOE DR	
CITY-ST-ZIP	NAPLES FL 34104	
TITLE		☐ Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

10. ADDITIONS/CHANGES

TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	V	☒ Change ☐ Addition
NAME	John Daly	
STREET ADDRESS	2606 South Horseshoe Dr	
CITY-ST-ZIP	Naples, FL 34104	
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 REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #

CR2E083 (10/02)