2001	UNIFORM	BUSINESS	REPORT	/UBR
	OHITOHIM	PO3II4F33	REPURI	IODU

		TOO HE		(001)							
DOCUMENT # L9900009127 1. Entity Name						FILED					
SUNWEST HOMES II, L.L.C.						•					
						01 FEB -7 AM 10: 10					
Principal Place of Business Mailing Address						SEGRETARY OF STANS					
NAPLES FL	LLO DRIVE SUITE 224 34103	P.O. 80X 110175 Naples FL 34108				SEGRETARY OF STATE TALLAHASSEE, FLORIDA					
2. Principal Place of Business		3. Mailing Address			- 1 JUSHADA DAD NGHAD ADAH DOSH BOHK DOSH BOHK DOSH BOHK HARA HAKA (BEDA KUBA -						
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & State		City & State			4. FEI Number Applied For Not Applicable						
Zip	Country	Zip	Cour	ntry	5. Certi	ificate of Status Desired	5.00 Addi e Required	itional			
	6. Name and Address of Current F	Registered Agent		Nome	7. Nam	e and Address of New Registered Age	ent				
1.450(0)	F 145 F 4 4 4 7 7 7 7 7				ison,	LINDA A. ATTY					
	E, LINDA A ATTY	•		Street Address (P.O. Box Number is Not Acceptable)							
NAPLES	AVENUE NORTH, SUITE 1	•									
NAPLES	FL 34100			City	· · · · · · · · · · · · · · · · · · ·	E.	Zip Code				
				City FL Zip Code							
8. The above	named entity splemits his statement for	the purpose of changing its	register	ed office or regisi	tered agent,	or both, in the State of Florida.					
SIGNATURE .	Signature, typed or printed flame of registered agent as	notitle if applicable. (NOT	E: Registere	d Agent signature requi	ired when reinstat	<u></u>					
******	· · · · · · · · · · · · · · · · · · ·	\ \ \									
FILE NOW!!! F Make Check Payable to						>					
		I Wake Check Fa	iyable t	o peharunem	OI State						
9.	MANAGING MEMBE		10.			ADDITIONS/CHANGES					
TITLE NAME	MGRM	☐ Delete	TITL! NAM	- 1] Change	☐ Addition			
STREET ADDRESS	SCHEINHOLZ, ARTHUR 5051 CASTELLO DRIVE, SUITE 23	24 ′		ET ADDRESS							
CITY-ST-ZIP	NAPLES FL 34103		CITY	-ST-ZIP							
TITLE		☐ Delete	TITL	I			Change	Addition			
NAME STREET ADDRESS			NAM STRE	E ET ADDRESS		0000036775 -02/13/0101	098	010 🗀			
CITY-ST-ZIP			CITY	-ST-ZIP		*****50.00	米米米米米	50.00			
TITLE		☐ Delete	TITLE] Change	Addition			
NAME STREET AODRESS			NAM	E ET ADDRESS							
CITY-ST-ZIP				-ST-ZIP							
TITLE		☐ Delete	TITLE] Change	☐ Addition			
NAME			NAM			1/					
STREET ADDRESS C!TY-ST-ZIP				ET ADDRESS -ST-ZIP				·			
ŤITLE	· · · · · · · · · · · · · · · · · · ·	☐ Delete	TITLE] Change	☐ Addition			
NAME	•	22 54/6/6	NAM			_					
STREET ADDRESS CITY-ST-ZIP	,			et address -ST-ZIP							
TITLE	·	□ Delete	TITLE] Change	Addition			
NAME		COLORE	NAM	- 1			, ondigo				
STREET ADDRESS		•		ET ADDRESS							
CITY-ST-ZIP	artific that the information of the second	Ma filipa da et d		-ST-ZIP	0000	27/(2)(i) Flacida Otation 17 (1)	Al- ad 4l- 1 1				
11. I hereby certify that the information supplies 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 may 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 of trusteed impowered to execute this report as required by Chapter 608, Florida Statutes.											
SIGNATURE: SIGNATURED 2/5/01											
SIGITAL	SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daylime Phone #										