2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

FILED Aug 26, 2003 8:00 am Secretary of State

NAME STREET ADDRESS CITY-ST-ZIP Change Addition	1. Entity Nan	MENT # MO2000 RK AT CORNER LAKE, LLC					07-14-2003 9	v 0091 036 * [,]	***50.00	
SIGN S. CERTIFIAL M.E. SUTE 1000 OWIEDO R. 22785 SURPA PRICE OF Business Suring, Apr. #, etc. Suring, Apr. #, etc. Suring, Apr. #, etc. City & State C	Principal Plac	ce of Business	Mailing Address			╡			l	
2. Principal Place of Business 3. Mailing Address Suite, Apr. 8, etc. CHECK HERE IF MAKING CHANGES CHECK HERE IF MAKING CHANGES Check A State Check Here IF MAKING CHANGES Applied For App	650 S. CENTRAL AVE. SUFTE 1000		650 S. CENTRAL AVE. SUIT	650 S. CENTRAL AVE. SUITE 1000			55055051			
Suite, Apt. #, etc. CHECK HERE IF MAKING CHANGES City & State City & State A. FEI Number APPLIED FOR Applicable For 20 - 00741429 Mex Applicable For 20 - 00741429 Mex Applicable For		· · ·				1 1981)3			Odrađenice	
City & State Country Count	2. Principal Place of Business		3. Mailing Address	3. Mailing Address						
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Zip Country Zip Country St. Country St. Country St. Certificate of Status Desired \$5.00 Additional Fee Required \$5.00 Addi	City & State		City & State	City & State					•	
RAPLAN - JEFFREY L 655 W. MORSE BLYD. SUITE 212 WINTER PARK FL 32789 City FL Zip Code City City FL Zip Code City FL Zip Code City FL Zip Code City City City FL Zip Code City City City City City FL Zip Code City Cit	Zip	Country	Zip	Count	try		_			7
RAPLAN, LEFFREY L 855 W MORSE BLVD. SUITE 212 WINTER PARK FL 32789 City FL Zip Code 6. 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, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of registered agent, or both in the State of Florida. I am familiar with, and accept the obligations of Florida. Charley Debts Debts D	<u> </u>	6. Name and Address of Curre	ent Registered Agent		Name	_7. Name a	nd Address of New Register	ed Agent	22	7
E. 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 SIGNATUR	655	W .MORSE BLVD. SUITE 212			Street Address	(P.O. Box Num	ber is Not Acceptable)			1
B. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature typed or prized name of registered agent agent and title 1 applicable. NOTE Registered Agent signature acquired when reintrating) DATE	WIN	IER PARK FL 32/89								
THE NAME STREET ADDRESS CITY-ST-ZP CHanges STREET ADDRESS CITY-ST-ZP CITE NAME STREET ADDRESS CITY-ST-ZP CITY-ST-Z					City			Zip Cod	le	
Make Check Payable to Florida Department of State Due By May 1, 2003 9. MANAGING MEMBERS MANAGERS 10. ADDITIONS/CHANGES TITLE MARE WHITEMARK HOMES OF FLORIDA INC. STRETA ADDRESS OCTY-ST-2P TITLE MARE ONES CENTRAL AVE. SLITE 1000 OVIEDO FL 32785 TITLE MARE STRETA ADDRESS COTY-ST-2P TITLE MARE S	•		- 1			rd when remetating)	, DA	TE		
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NAME STREET ADDRESS CITY-ST-ZIP Change Addition	9.	, <u>,</u>	IBERS/MANAGERS	10.			ADDITIONS/CHANC	SES		╛
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11. I hereby certify that the information supplied with this filling 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.

7.11.00

407-366-9668

07/12/2003 13:47 FAX 6314474991

INTERNAL REVENUE SERVICE BROOKHAVEN IRS CAMPUS 1040 WAVERLY AVE STOP 540 HOLTSVILLE, NY 11742

FAX: 631-687-3990 PHONE: 800-829-4933 attachment

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IRS Employee # 553 21

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3rd Party Request for Missing Information to Validate Internet EIN

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To: Mitchell R (Sordon	Today's Date:	112/03			
Fax: 407 - 366 - 91	88	Response Due: 7/	21/03			
You applied for an EIN on the you for your client because we	Internet as a 3 rd party. We need more information.	le are unable to validate the p	rovisional EIN provided to			
Taxpayer / Business Name:	Kenneth Lwh	ite / whitemark	at Corner &			
Date of I-EIN Application:	7/8/03					
 Completed Covershee Completed SS-4 signe 631-687-3990. 	t d by the taxpayer authoriz nd the best time to call yo for your client.	back to the IRS within 10 bus ing you to receive the EIN for u so we can quickly obtain the	them. The fax number is			
Failure to respond within the required timeframe may result in the cancellation of your I-EIN and a new EIN will be assigned to the entity.						
INFORMATION NEEDED TO COMPLETE EIN VALIDATION:						
Line 7 – The name and Social Security Number provided does not match our records. Please verify the SSN with the Social Security Administration and send, a copy of a letter from them on official letterhead with the correct name and Social Security Number.						
Line 8a - Type of Entity _	-		-			
A signed 2848 or 8821 mu that of the taxpayer unless	st accompany all 3 rd party s accompanied by Form 28 n is for a corporation). Th	requests. The mailing address on 4a & 4b can never	s on Lines 4a & 4b must be tax matters (ex. 1120 and			
Your application is illegible	. Please refax it to the nu	mber above.				
Other:						
	Provisional EIN:					
	3rd Party Phone Number:_					
\	Best time to call:	AM or PM				

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