

# 2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # M99000000189

1. Entity Name

COVINGTON HOMES LLC

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

00 MAR -6 AM 11:43



DO NOT WRITE IN THIS SPACE

Principal Place of Business

3000 TOWN CENTER  
SUITE 540  
SOUTHFIELD MI 48075

Mailing Address

3000 TOWN CENTER  
SUITE 540  
SOUTHFIELD MI 48075-1173

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

38-3439661

Applied For

Not Applicable

Zip

Country

Zip

Country

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

COHRS, DENIS A ESQ  
2841 EXECUTIVE DRIVE  
SUITE 120  
CLEARWATER FL 33762

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

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 Department of State

9. MANAGING MEMBERS / MEMBERS

10. ADDITIONS / CHANGES

TITLE NAME MEM  
STREET ADDRESS SCHRAM, BRADLEY J  
CITY- ST- ZIP 1760 S TELEGRAPH RD SUITE 300  
BLOOMFIELD HILLS MI 48302-0813

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MEM  
STREET ADDRESS NODEL, RICHARD M  
CITY- ST- ZIP 3000 TOWN CENTER SUITE 540  
SOUTHFIELD MI 48075

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

TITLE NAME MEM  
STREET ADDRESS PHOENIX LAND DEVELOPMENT CORP.  
CITY- ST- ZIP 300 N GREENE STREET SUITE 285  
GREENSBORO NC 27401

TITLE NAME  
STREET ADDRESS  
CITY- ST- ZIP

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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 OR MANAGER

Date

Daytime Phone #

CR2E083 (9/99)