


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

**DOCUMENT #294159**

1. Entity Name  
**MERITAGE HOMES OF FLORIDA, INC.**



FILED  
08 OCT 31 Pm 3: 53  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business <b>17851 N. 85TH STREET #300 SCOTTSDALE, AZ 85255</b>	Mailing Address <b>17851 N. 85TH STREET #300 SCOTTSDALE, AZ 85255</b>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.



10272008 Chg-P CR2E034 (12/06)

City & State		City & State	
Zip	Country	Zip	Country

4. FEI Number <b>59-1107583</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

**6. Name and Address of Current Registered Agent**

**CT CORPORATION SYSTEM  
% CT CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324**

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

**Amended AR is \$61.25**

9. Election Campaign Financing Trust Fund Contribution.  **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS	
TITLE	DVPS <input type="checkbox"/> Delete
NAME	WHITE, TIMOTHY C
STREET ADDRESS	17851 N. 85TH ST. SUITE 300
CITY-ST-ZIP	SCOTTSDALE, AZ 85255
TITLE	P <input type="checkbox"/> Delete
NAME	MEYER, JOHN
STREET ADDRESS	1170 CELEBRATION BLVD., SUITE 101
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	PRUETT, MICHAEL
STREET ADDRESS	1105 KENSINGTON PARK DRIVE
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	VP <input checked="" type="checkbox"/> Delete
NAME	FRITZ, MICHEAL
STREET ADDRESS	1170 CELEBRATION BLVD. SUITE 101
CITY-ST-ZIP	CELEBRATION, FL 34747
TITLE	CEO <input type="checkbox"/> Delete
NAME	HILTON, STEVEN J
STREET ADDRESS	17851 N. 85TH STREET, SUITE 300
CITY-ST-ZIP	SCOTTSDALE, AZ 85255
TITLE	EVP <input type="checkbox"/> Delete
NAME	SEAY, LARRY
STREET ADDRESS	17851 N. 85TH STREET, SUITE 300
CITY-ST-ZIP	SCOTTSDALE, AZ 85255

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	<b>300137490203</b>
CITY-ST-ZIP	<b>10/30/08--01040--008 **\$61.25</b>
TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	5337 Millenia Lakes Blvd., Suite 160
CITY-ST-ZIP	Orlando, FL 32839
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EVP
STREET ADDRESS	Steven Davis
CITY-ST-ZIP	17851 N. 85th Street, Suite 300 Scottsdale, AZ 85255
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:** C. Timothy White *C. White* 10-28-08  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date **480-515-8100**  
Daytime Phone #

*10/31/08*