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March 26, 2007

877 Executive Center Dr. W. Suite 205 St. Petersburg, Florida 33702-2472

Tel 727,563,9882 Fax 727,563,9674 taylorwoodrow.com

VIA FEDERAL EXPRESS

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RE: Statement of Change of Registered Agent

Dear Madam/Sir:

Enclosed please find 3 Statements of Change of Registered Agent along with my check in the amount of \$95.00 to cover the filing fees as noted:

\$35.00 - F75785 - Taylor Woodrow Homes Florida Inc.

\$35.00 - P00000102352 - TWCF, Inc.

\$25.00 - L05000043123 - Taylor Woodrow Communities At Artisan Lakes, L.L.C.

If you have any questions or require anything further, please call me at 727-563-9693.

Sincerely,

Rita Jane lacino Paralegal

Taylor Woodrow

enc.

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SECRETARY OF STATE

STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the lim	nited liability company is:	Taylor Woodrow Communities At A	Artisan Lakes, L.L.C.	·
2. The mailing address	s of the limited liability con	npany is: 8430 Enterprise Circle, S	Suite 100, Bradenton, FL 3420	<u>02-</u> 4108
05/02/05		L05000043123		·
Date of filing/regist	f filing/registration in Florida 4. Document no		nber	
5. The name of the reg Florida Department		ered office address as shown	on the records of the	
	Marc I. Spencer	entrosono de tributuamentamenta e e e e e e e e e e e e e e e e e e e		
		Name		
	877 Executive Center I	Drive W., Suite 205		
	Α	.ddress	هم.	
	St. Petersburg, FL 337		0 7	200
	City, S	tate and Zip	7	3E0
6. The name and addre	ss of the new registered age	ent and/or office:	7 HAR 27	是所 写图型
	S. Todd Merrill			SYE
Name 877 Executive Center Drive W., Suite 205		AM 11: 16	ANORA STA	
		(P.O. Box NOT acceptable)	16	SNOLL
	St. Petersburg	FL 33702-2472		
	City, Sta	nte and Zip		
If the limited liability of	company is not organized un	nder the laws of the State of I	Florida, it is hereby	

If the limited liability company is not organized under the laws of the State of Florida, it is hereby confirmed that after the change or changes are made, the Florida street address of the registered office and the business office of the registered agent will be identical. Or, in the case of a Florida limited liability company, it is hereby confirmed that the change(s) was/were authorized by an affirmative vote of the members of the limited liability company or as otherwise provided in the articles of organization or the operating agreement of the limited liability company.

(Signature of a member or authorized representative of a member)

Ann S. Cohen, Vice President

(Printed or typed name of signee)

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F,S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

(Signature of Registered Agent)

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314 FILING FEE: \$25.00