


2008 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT # L06000094809 1. Entity Name COSCAN SHEFAOR HOLDINGS, L.L.C.	
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FILED

08 JUL 17 AM 11:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5555 ANGLERS AVENUE, STE 1A FORT LAUDERDALE, FL 33312	Mailing Address 5555 ANGLERS AVENUE, STE 1A FORT LAUDERDALE, FL 33312
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2. Principal Place of Business - No P.O. Box # 18851 N.E. 29th Avenue Suite, Apt. #, etc. Suite # 1011	3. Mailing Address 18851 N.E. 29th Avenue Suite, Apt. #, etc. Suite # 1011
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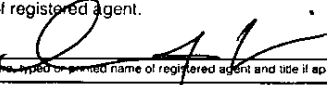
06272008 Chg-LLC CR2E083 (12/06)

City & State Aventura, Florida Zip 33180	City & State Aventura, Florida Zip 33180
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4. FEI Number 20-2649774	Applied For Not Applicable
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6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 S.E. 2ND STREET, STE 2900 MIAMI, FL 33131	7. Name and Address of New Registered Agent Name Eisinger, Brown, Lewis & Frankel, P.A. Street Address (P.O. Box Number is Not Acceptable) 4000 Hollywood Blvd., # 265-South City Hollywood FL Zip Code 33021
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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  ANDREW I. LEWIS, Director DATE 6/27/08

(NOTE: Registered Agent signature required when reinstating)

Amended AR is \$50.00		Make check payable to Florida Department of State
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9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE	MGR	<input checked="" type="checkbox"/> Delete	TITLE	600133143756	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COSCAN HOMES LLC		NAME	07/18/08--01044--022 **100.00	
STREET ADDRESS	5555 ANGLERS AVE STE 1A		STREET ADDRESS		
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP		
TITLE	MGR	<input type="checkbox"/> Delete	TITLE	MGR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHEFAOR BH HOLLYWOD, LLC		NAME	ARDEN PARK HOLLYWOOD, LLC	
STREET ADDRESS	5555 ANGLERS AVE STE 1A		STREET ADDRESS	18851 N.E. 29th AVENUE, #1011	
CITY-ST-ZIP	FORT LAUDERDALE, FL 33312		CITY-ST-ZIP	Aventura, FL 33180	
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

11. 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 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:  JACQUES CLAUDIO STIVELMAN, President of PLANINVEST, INC., Mgr. 6/28/08 305-935-5050

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #