## 2007 FOR PROFIT CORPORATION

## May 01, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # P93000083282 05-01-2007 90037 005 \*\*\*150.00 G.L. HOMES OF MIRAMAR CORPORATION Principal Place of Business Mailing Address 1600 SAWGRASS CORP 1600 SAWGRASS CURP SUITE 300 SUITE 300 SUNRISE, FL 33323 SUNRISE, FL 33323 2. Principal Place of Business - No P.O. Box # 3. Mailing Address 1600 Sawarass Corp PKW 1600 Sawgross Corp PKWI 04192007 Chg-P CR2E034 (12/06) City & State City & State 4. FEI Number Applied For 65-0453207 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MARK GRANT C/O RUDEN BARNETT 200 E BROWARD BOULEVARD Street Address (P.O. Box Number is Not Acceptable) FT LAUDERDALE, FL 33302 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00 Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE TITLE ☐ Delete ٧T NAME EZRATTI, ITZHAK NAME MENENDEZ, N. MARIA 1600 SAWGRASS CORI SUNRISE, FL 33323 STREET ADDRESS 1600 SAWGRASS CORP PKWY., SUITE 300 STREET ADDRESS ÖRP PKWY, SUITE 300 CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP VAS TITLE ☐ Delete TITLE ☐ Change ☐ Addition FANT, ALAN NAME NAME STREET ADDRESS 1600 SAWGRASS CORP PKWY., SUITE 300 STREET ADDRESS CITY-ST-7IP SUNRISE, FL 33323 CITY-ST-ZIP TITLE Delete TITLE ☐ Change ☐ Addition COSTELLO, RICHARD A NAME NAME 1600 SAWGRASS CORP PKWY., SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NORWALK, RICHARD M NAME NAME 1600 SAWGRASS CORP PKWY., SUITE 300 STREET ADDRESS STREET ADDRESS CITY-ST-ZIF SUNRISE, FL 33323 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition CORBAN, PAUL NAME NAME STREET ADDRESS 1600 SAWGRASS CORP PKWY., SUITE 300 STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME HELFMAN, STEVEN M NAME STREET ADDRESS 1600 SAWGRASS CORP PKWY., SUITE 300 STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-7IP

12. I hereby certify that the information supplied with this filling 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 of 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 an other like empowered.

DIRECTOR

SIGNATURE:

N. MARIA MENENDEZ, VICE PRESIDBIT

FILED

954-753-1730

Daytime Phone #