

2016 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L14000094930

Entity Name: TM OYSTER HARBOR, LLC**Current Principal Place of Business:**4900 N. SCOTTSDALE ROAD, SUITE 2000
SCOTTSDALE, AZ 85251**Current Mailing Address:**4900 N. SCOTTSDALE ROAD, SUITE 2000
SCOTTSDALE, AZ 85251 US**FEI Number:** 47-1095557**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**NRAI SERVICES, INC
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US*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:**

Electronic Signature of Registered Agent

Date

Authorized Person(s) Detail :

Title MANAGING MEMBER
Name TAYLOR MORRISON OF FLORIDA, INC.
Address 4900 N. SCOTTSDALE ROAD, SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title PRESIDENT
Name KEMPTON, JOHN STEVEN
Address 551 NORTH CATTLEMAN RD. SUITE 200
City-State-Zip: SARASOTA FL 34232

Title ASST. SECRETARY
Name MERRILL, S. TODD
Address 1211 N. WESTSHORE BLVD. SUITE 512
City-State-Zip: TAMPA FL 33607

Title VP
Name PALKA, RUSSELL
Address 551 NORTH CATTLEMAN RD. SUITE 200
City-State-Zip: SARASOTA FL 34232

Title ASST. SECRETARY
Name ESTRADA, CAROLINE G
Address 4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title VP
Name LONGENECKER, CAMMIE L
Address 551 NORTH CATTLEMAN RD. SUITE 200
City-State-Zip: SARASOTA FL 34232

Title VP
Name MILLER, DOUGLAS D
Address 1211 N. WESTSHORE BLVD. SUITE 512
City-State-Zip: TAMPA FL 33607

Title SECRETARY, EXECUTIVE VICE PRESIDENT, CHIEF LEGAL OFFICER
Name SHERMAN, DARRELL C
Address 4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

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I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CAROLINE G. ESTRADA

ASST. SECRETARY

06/16/2016

Electronic Signature of Signing Authorized Person(s) Detail

Date

Authorized Person(s) Detail Continued :

Title VP
Name SQUITIERI, ANTHONY ("TONY") J
Address 511 NORTH CATTLEMAN RD.
SUITE 200
City-State-Zip: SARASOTA FL 34232

Title AUTHORIZED AGENT - LAND
Name TRUXTON, DAVID
Address 551 NORTH CATTLEMAN RD.
SUITE 200
City-State-Zip: SARASOTA FL 34232

Title AUTHORIZED AGENT - FINANCE
Name BRIONES, TRACY
Address 551 NORTH CATTLEMAN RD.
SUITE 200
City-State-Zip: SARASOTA FL 34232

Title VP
Name SORENSEN, ANDREW ("ANDY")
Address 551 NORTH CATTLEMEN RD., SUITE 200
City-State-Zip: SARASOTA FL 34232

Title VP
Name STEFFENS, LOUIS E
Address 1211 N. WESTSHORE BLVD.
SUITE 512
City-State-Zip: TAMPA FL 33607

Title VP
Name BESSE, JASON
Address 551 NORTH CATTLEMAN RD.
SUITE 200
City-State-Zip: SARASOTA FL 34232

Title CFO, EXECUTIVE VICE PRESIDENT
Name CONE, C. DAVID
Address 4900 N. SCOTTSDALE ROAD
SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title VP
Name LONG, CHRISTOPHER G.
Address 551 NORTH CATTLEMEN RD., SUITE
200
City-State-Zip: SARASOTA FL 34232