

2013 FOREIGN LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# M03000004091

Entity Name: DIVOSTA HOMES HOLDINGS, LLC**Current Principal Place of Business:**100 BLOOMFIELD HILLS PARKWAY, SUITE 300
BLOOMFIELD HILLS, MI 48304**Current Mailing Address:**100 BLOOMFIELD HILLS PARKWAY, SUITE300
BLOOMFIELD HILLS, MI 48304**FEI Number:** 38-3691939**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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 MGR, SECRETARY
Name COOK, STEVEN M
Address 100 BLOOMFIELD HILLS PARKWAY,
SUITE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title MGR
Name DUGAS, RICHARD JJR
Address 100 BLOOMFIELD HILLS PARKWAY,
SUITE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title VP AND ASST SECRETARY
Name CLEMENTS, SCOTT
Address 2301 LUCIEN WAY
SUITE 400
City-State-Zip: MAITLAND FL 32751

Title PRESIDENT
Name MARSHALL, RYAN
Address 24311 WALDEN CTR DR
STE 300
City-State-Zip: BONITA SPRINGS FL 34134

Title VP
Name FITZPATRICK, DANIEL
Address 2301 LUCIEN WAY
STE 400
City-State-Zip: MAITLAND FL 32751

Title VP
Name YONALEY, BRIAN
Address 24311 WALDEN CTR DR
STE 300
City-State-Zip: BONITA SPRINGS FL 34134

Title ASST. SECRETARY
Name KLYM, JAN
Address 100 BLOOMFIELD HILLS PARKWAY,
SUITE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

Title VP, TREASURER
Name ROBINSON, BRUCE E
Address 100 BLOOMFIELD HILLS PARKWAY,
SUITE 300
City-State-Zip: BLOOMFIELD HILLS MI 48304

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 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: JAN M KLYM**ASST SECRETARY****04/25/2013**

Electronic Signature of Signing Authorized Person(s) Detail

Date