2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F02000005520

Entity Name: STANDARD PACIFIC OF SOUTHWEST FLORIDA GP, INC.

FILED Mar 28, 2006 Secretary of State

Current Principal Place of Business:			New Principal Place of Business:				
569 INTERSTATE BLVD. SARASOTA, FL 34240				101 ARTHUR ANDERSEN PARKWAY, SUITE 150 SARASOTA, FL 34232			
Current Mailing Address:				New Mailing Address:			
15326 ALTON PKWY. IRVINE, CA 92618							
FEI Number: 74-3066978 FEI Number Applied For () FEI Num			nber Not Appli	cable ()	Certificate of Status Desired ()		
Name and Address of Current Registered Agent: Name					ame and Address of New Registered Agent:		
NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRIVE SUITE 4 WESTON, FL 33331 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	
Election Cam	paign Financing	Trust Fund Contribution ().					
OFFICERS AND DIRECTORS:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS				
Title: Name: Address: City-St-Zip:	P () E SIUDA, ROBERT 569 INTERSTATE SARASOTA, FL	E BLVD.		Title: Name: Address: City-St-Zip:	SIUDA, ROBE	ANDERSEN PARKWAY, SUITE 150	
Title: Name: Address: City-St-Zip:	VPT () E PARNES, ANDRE 15326 ALTON PA IRVINE, CA 926	ARK WAY		Title: Name: Address: City-St-Zip:	() Change ()Addition	
Title: Name: Address: City-St-Zip:	VPS ()E HALVORSEN, CL 15326 ALTON PH IRVINE, CA 926	(WY		Title: Name: Address: City-St-Zip:	() Change () Addition	
Title: Name: Address: City-St-Zip:	V () [JANSEN, TALASH 569 INTERSTATE SARASOTA, FL	HIA E BLVD.		Title: Name: Address: City-St-Zip:	SHANNON, MI	ANDERSEN PARKWAY, SUITE 150	
Title: Name: Address: City-St-Zip:	V () E WIDEMAN, MICH 569 INTERSTATE SARASOTA, FL	E BLVD.		Title: Name: Address: City-St-Zip:	WIDEMAN, M	ANDERSEN PARKWAY, SUITE 150	
Title: Name: Address: City-St-Zip:	SCHMID, KATHL	RESS ST., STE. 980		Title: Name: Address: City-St-Zip:	SEAL, CHRIS	ANDERSEN PARKWAY, SUITE 150	

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated 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 electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CLAY A. HALVORSEN VPS 03/28/2006