2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 26, 2009
Secretary of State

DOCUMENT# F02000005520

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

Current Principal Place of Business:

5100 W. LEMON STREET
SUITE 306
TAMPA, FL 33609

New Principal Place of Business:

Current Mailing Address:

15326 ALTON PKWY.
IRVINE, CA 92618

New Mailing Address:

26 TECHNOLOGY
IRVINE, CA 92618

FEI Number: 74-3066978 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
SUITE 4
WESTON, FL 33331 US

Name and Address of New Registered Agent:

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 Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: P ( ) Delete
Name: PELLETZ, DAVID L
Address: 5100 W. LEMON STREET
City-St-Zip: TAMPA, FL 33609

Title: VPTD ( ) Delete
Name: PARNES, ANDREW
Address: 15326 ALTON PARK WAY
City-St-Zip: IRVINE, CA 92618

Title: VPS ( ) Delete
Name: HALVORSEN, CLAY A
Address: 15326 ALTON PKWY
City-St-Zip: IRVINE, CA 92618

Title: AS ( ) Delete
Name: DELAO, GINA D
Address: 5100 W. LEMON STREET
City-St-Zip: TAMPA, FL 33609

Title: V ( ) Delete
Name: TOMBERLIN, JERRY
Address: 5100 W. LEMON STREET
City-St-Zip: TAMPA, FL 33609

Title: AT ( ) Delete
Name: WEAVER, WAYNE
Address: 5100 W. LEMON STREET, SUITE 306
City-St-Zip: TAMPA, FL 33609

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VPTD (X) Change ( ) Addition
Name: PARNES, ANDREW
Address: 26 TECHNOLOGY
City-St-Zip: IRVINE, CA 92618

Title: VPS (X) Change ( ) Addition
Name: HALVORSEN, CLAY A
Address: 26 TECHNOLOGY
City-St-Zip: IRVINE, CA 92618

Title: AS (X) Change ( ) Addition
Name: DELAO, GINA D
Address: 26 TECHNOLOGY
City-St-Zip: IRVINE, CA 92618

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify 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: GINA D. DELAO AS 01/26/2009
Electronic Signature of Signing Officer or Director — Date