2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F02000005520

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

FILED Dec 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 5100 W. LEMON STREET SUITE 306 TAMPA, FL 33609 **New Mailing Address: Current 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: Name 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: () Change () Addition PELLETZ, DAVID L Name: Name: 5100 W. LEMON STREET Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: VPTD Title: VPTD Title: () Delete (X) Change () Addition Name: PARNES, ANDREW Name: STEPHENS, JOHN M 26 TECHNOLOGY 26 TECHNOLOGY Address: Address: IRVINE, CA 92618 IRVINE, CA 92618 City-St-Zip: City-St-Zip: () Delete Title: VPS **VPS** (X) Change () Addition Title: HALVORSEN, CLAY A BABEL, JOHN P Name: Name: 26 TECHNOLOGY 26 TECHNOLOGY Address: Address: City-St-Zip: **IRVINE, CA 92618** City-St-Zip: IRVINE, CA 92618 Title: () Delete Title: () Change () Addition DELAO, GINA D Name: Name: Address: 26 TECHNOLOGY Address: City-St-Zip: **IRVINE, CA 92618** City-St-Zip: Title: Title: () Delete () Change () Addition TOMBERLIN, JERRY Name: Name: 5100 W. LEMON STREET Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: Title: () Delete Title: (X) Change () Addition WEAVER, WAYNE Name: Name: CLOUSE, WILLIAM R 5100 W. LEMON STREET, SUITE 306 5100 W. LEMON STREET, SUITE 306 Address: Address: City-St-Zip: TAMPA, FL 33609 City-St-Zip: TAMPA, FL 33609

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 12/15/2009