

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 27, 2005 8:00 am**  
**Secretary of State**

04-27-2005 90375 001 \*\*\*900.00

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01062005 Chg-P CR2E034 (10/03)

<b>DOCUMENT # F02000006153</b> 1. Entity Name <b>TOUSA ASSOCIATES SERVICES COMPANY</b>					
Principal Place of Business <b>4000 HOLLYWOOD BLVD., SUITE 500-N HOLLYWOOD, FL 33021</b>			Mailing Address <b>4000 HOLLYWOOD BLVD., SUITE 500-N HOLLYWOOD, FL 33021</b>		
2. Principal Place of Business  Suite, Apt. #, etc.			3. Mailing Address  Suite, Apt. #, etc.		
City & State			City & State		
Zip	Country	Zip	Country	4. FEI Number <b>37-1448116</b>	
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324</b>			7. Name and Address of New Registered Agent  Name  Street Address (P.O. Box Number is Not Acceptable)  City <b>FL</b> Zip Code		
8. 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. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>OOTEN, CLINT</b> <b>4000 HOLLYWOOD BLVD., SUITE 500-N</b> <b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Secretary, VP, Director</b> <b>Patricia Petersen</b> <b>4000 Hollywood Blvd., Suite 500N</b> <b>Hollywood, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V</b> <b>CAMPBELL, MARIA</b> <b>4000 HOLLYWOOD BLVD., SUITE 500-N</b> <b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Director</b> <b>Antonio B. Mon</b> <b>4000 Hollywood Blvd, Suite 500N</b> <b>Hollywood, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>ST</b> <b>MCADEN, TOMMY</b> <b>4000 HOLLYWOOD BLVD., STE. 500N</b> <b>HOLLYWOOD, FL 33021</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>VP, Treasurer, Director</b> <b>David Keller</b> <b>4000 Hollywood Blvd, Suite 500N</b> <b>Hollywood, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOTLER, RANDY</b> <b>4000 HOLLYWOOD BLVD., STE. 500N</b> <b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>Assistant Secretary</b> <b>Teri Trimmer</b> <b>4000 Hollywood Blvd. Suite 500N</b> <b>Hollywood, FL 33021</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>KOTLER, RANDY L</b> <b>4000 HOLLYWOOD BLVD., SUITE 500-N</b> <b>HOLLYWOOD, FL 33021</b>	<input checked="" type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS</b> <b>COLLINS, JASON</b> <b>4000 HOLLYWOOD BLVD., STE. 500N</b> <b>HOLLYWOOD, FL 33021</b>	<input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my 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 in Block 10 or Block 11 if changed, or on an attachment with an address with all officers empowered.					
<b>SIGNATURE:</b> <b>Patricia M. Petersen, Secretary</b>					
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #</small>					

954-364-4032

4/25/05