
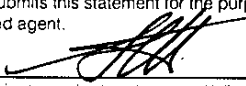
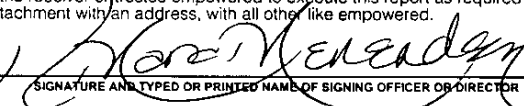


**2008 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**May 01, 2008 8:00 am**  
**Secretary of State**

05-01-2008 90226 013 \*\*\*158.75

DOCUMENT # H87100			
1. Entity Name G. L. HOMES BUILDING CORPORATION			
Principal Place of Business 1600 SAWGRASS CORP PKWY SUITE <del>300</del> 230 SUNRISE, FL 33323 US		Mailing Address 1600 SAWGRASS CORP PKWY SUITE <del>300</del> 230 SUNRISE, FL 33323 US	
2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent	
HELFFMAN, STEVEN M ESQ 1600 SAWGRASS CORP PKWY SUITE <del>300</del> 230 SUNRISE, FL 33323		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 		DATE <b>4/29/08</b>	
Signature, typed or printed name of registered agent and title if applicable.		(NOTE: Registered Agent signature required when reinstating) DATE	
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD ATKINSON GEORGE 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS FANT, ALAN J. 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK RICHARD 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MENENDEZ, MARIA N 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>VT MENENDEZ, N. MARIA 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<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 exemptions contained 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 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 other like empowered.			
SIGNATURE: 		N. MARIA MENENDEZ, VICE PRESIDENT <b>4/29/08</b> 954-753-1730	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	