


2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 02, 2006 8:00 am
Secretary of State

05-02-2006 90204 047 ***158.75

DOCUMENT # H87104		
1. Entity Name G. L. HOMES OF FLORIDA CORPORATION		

Principal Place of Business % ITCHKO EZRATTI 1401 UNIVERSITY DR., STE. 200 CORAL SPRINGS, FL 33071-8908	Mailing Address % ITCHKO EZRATTI 1401 UNIVERSITY DR., STE. 200 CORAL SPRINGS, FL 33071-8908
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60034440



03302006 Chg-P CR2E034 (11/05)

2. Principal Place of Business 1600 Sawgrass Corp Pkwy		3. Mailing Address 1600 Sawgrass Corp Pkwy	
Suite, Apt. #, etc. Suite 300		Suite, Apt. #, etc. Suite 300	
City & State Sunrise, FL		City & State Sunrise, FL	
Zip 33323	Country USA	Zip 33323	Country USA

4. FEI Number 59-2129464	Applied For <input type="checkbox"/>
Not Applicable	

5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
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6. Name and Address of Current Registered Agent GRANT, MARK 200 E. BROWARD BOULEVARD FT. LAUDERDALE, FL 33302		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP NORWALK, RICHARD M 1401 UNIVERSITY DR S200 CORAL SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition NORWALK, RICHARD M. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FANT, ALAN J. 1401 UNIVERSITY DR #200 CORAL SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VAS FANT, ALAN J. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT COSTELLO, RICHARD A. 1401 UNIVERSITY DR #200 CORAL SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition COSTELLO, RICHARD A. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1401 UNIVERSITY DR #200 CORAL SPRINGS, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition S CORBAN, PAUL 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD EZRATTI, ITZHAK 1401 UNIVERSITY DRIVE, #200 CORAL SPRINGS, FL <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition PD EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V MENENDEZ, N. MARIA 1401 UNIVERSITY DR #200 POMPANO BEACH, FL 33071 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition VT MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323

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 4/28/06 954-753-1730
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #