

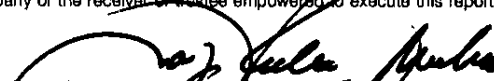


FILED
Apr 16, 2007 08:00 A
Secretary of State

DOCUMENT # L00000006480				Apr 16, 2007 08:00 Secretary of State	
1. Entity Name MARK T. PULTE, L.L.C.					
Principal Place of Business 41 SE 5TH STREET 2ND FLOOR BOCA RATON, FL 33432		Mailing Address 41 SE 5TH STREET 2ND FLOOR BOCA RATON, FL 33432			
DO NOT WRITE IN THIS SPACE					
		01082007 No Chg-LLC CR2E083 (11/05)			
		4. FEI Number 65-1012485		Applied For <input checked="" type="checkbox"/> Not Applicable	
		5. Certificate of Status Desired <input type="checkbox"/>		\$5.00 Additional Fee Required	
6. Name and Address of Current Registered Agent PULTE, MARK T 41 S.E. 5TH STREET BOCA RATON, FL 33432		DO NOT WRITE IN THIS SPACE			
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 _____					
Filing Fee is \$50.00 Due by May 1, 2007					
9. MANAGING MEMBERS/MANAGERS		DO NOT WRITE IN THIS SPACE			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PULTE, MARK T 41 SE 5TH STREET BOCA RATON, FL 33432				
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11. 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 is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.					
SIGNATURE: 		4/12/07			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE		Daytime Phone #			