

# 2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

**FILED**  
**Apr 11, 2005 8:00 am**  
**Secretary of State**

04-11-2005 90045 031 \*\*\*\*50.00

60060470



04052005 Chg-LLC CR2E083 (10/03)

4. FEI Number  
81-0548751

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$5.00 Additional Fee Required

**DOCUMENT # L02000009938**

1. Entity Name  
PULTE DELRAY OCEAN INVESTMENTS, LLC



Principal Place of Business  
41 S.E. STREET 2ND FLOOR  
BOCA RATON, FL 33432

Mailing Address  
41 S.E. STREET 2ND FLOOR  
BOCA RATON, FL 33432

2. Principal Place of Business  
41 SE 5th St  
Suite, Apt. #, etc.  
2nd Fl  
City & State  
Boca Raton FL  
Zip  
33432 Country  
USA

3. Mailing Address  
41 SE 5th St  
Suite, Apt. #, etc.  
2nd Fl  
City & State  
Boca Raton FL  
Zip  
33432 Country  
USA

6. Name and Address of Current Registered Agent

GERSHON, HOLLY GAYLE  
1489 W. PALMETTO PARK RD  
#425  
BOCA RATON, FL 33488

7. Name and Address of New Registered Agent

Name  
Street Address (P.O. Box Number is Not Acceptable)  
City  
FL 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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reissuing)

Filing Fee is \$50.00  
Due by May 1, 2005

Make check payable to  
Florida Department of State

9. MANAGING MEMBERS/MANAGERS		10. ADDITIONS/CHANGES	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR PULTE, MARK T 41 SE 5TH ST 2ND FL BOCA RATON, FL 33432 <input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR MARK T. PULTE 41 SE 5TH ST 2ND FL BOCA RATON FL 33432 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
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
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
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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

11. 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 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: Mark T. Pulte MARK T. PULTE 4-6-05 (561) 272-6852  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #