


2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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| DOCUMENT # L02000020150 | | | |  | |
| 1. Entity Name O.L.P. FORTY DEVELOPMENT, LLC | | | | | |
| Principal Place of Business 7700 SQUARE LAKE BLVD. JACKSONVILLE, FL 32256 | | | Mailing Address 7700 SQUARE LAKE BLVD. JACKSONVILLE, FL 32256 | | |
| 2. Principal Place of Business | | 3. Mailing Address 15326 Alton Parkway | | | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | |
| City & State | | City & State - IRVINE, CA | | 4. FEI Number 54-2074198 | |
| Zip | | Country | | Applied For Not Applicable | |
| Zip 92618 | | Country USA | | 5. Certificate of Status Desired <input type="checkbox"/> \$5.00 Additional Fee Required | |
| 6. Name and Address of Current Registered Agent | | | 7. Name and Address of New Registered Agent | | |
| WALTERS, MICHAEL A 50 NORTH LAURA STREET, SUITE 2200 JACKSONVILLE, FL 32202 | | | Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Dr. Sk. 4 City Weston FL Zip Code 33331 | | |
| 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 <u>Clay A. Halvorsen, ASST SEC</u> DATE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Filing Fee is \$50.00 Due by May 1, 2006 | | Make check payable to Florida Department of State | | | |
| 9. MANAGING MEMBERS/MANAGERS | | | 10. ADDITIONS/CHANGES | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM COPPENBARGER HOMES 7700 SQUARE LAKE BLVD. JACKSONVILLE, FL 32256 | <input checked="" type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | MGRM Standard Pacific of Jacksonville 7700 Square Lake Blvd. Jacksonville FL 32256 # GP 03 00002051 | <input type="checkbox"/> Change <input checked="" 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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| 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: <u>Clay A. Halvorsen</u> | | | Clay A. Halvorsen Secretary 4/27/06 949-789-1600 | | |
| <small>SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE</small> | | | <small>Date Daytime Phone #</small> | | |