


**2006 LIMITED LIABILITY COMPANY ANNUAL REPORT**

**FILED**  
**Mar 02, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # L02000023634  
 1. Entity Name  
 COSCAN HOMES, LLC



Principal Place of Business      Mailing Address  
 5555 ANGLERS AVENUE SUITE 1A      5555 ANGLERS AVENUE SUITE 1A  
 FT. LAUDERDALE, FL 33312      FT. LAUDERDALE, FL 33312

**DO NOT WRITE IN THIS SPACE**



01052006 No Chg-LLC      CR2E083 (11/05)

4. FEI Number 54-2073563	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

FERRELL GROUP CORPORATE SERVICES, L.L.C.  
 ATTN: SECRETARY/ 34TH FLOOR, MIAMI CENTER  
 201 SOUTH BISCAYNE BOULEVARD  
 MIAMI, FL 33131

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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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

**Filing Fee is \$50.00 Due by May 1, 2006**

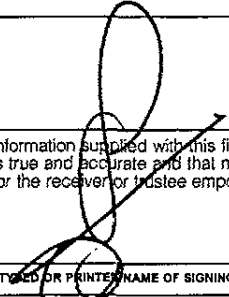
9. MANAGING MEMBERS/MANAGERS

TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PIAZZA, ALBERT C 5555 ANGLERS AVENUE FT. LAUDERDALE, FL 33312
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100000453357  
 03/14/06 00020-006 50.00

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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:  Albert C. Piazza, Mgr      Date 1/10/06      Daytime Phone # (954) 620-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE      Date      Daytime Phone #