

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 13, 2007 8:00 am
Secretary of State

04-13-2007 90036 038 ****50.00

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DOCUMENT # L02000023634 1. Entity Name COSCAN HOMES, LLC					
Principal Place of Business 5555 ANGLERS AVENUE SUITE 1A FT. LAUDERDALE, FL 33312			Mailing Address 5555 ANGLERS AVENUE SUITE 1A FT. LAUDERDALE, FL 33312		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	01152007 Chg-LLC CR2E083 (12/06)	
4. FEI Number 54-2073563				Applied For <input 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 FERRELL GROUP CORPORATE SERVICES, L.L.C. ATTN: SECRETARY/ 34TH FLOOR, MIAMI CENTER 201 SOUTH BISCAYNE BOULEVARD MIAMI, FL 33131			7. Name and Address of New Registered Agent Name <u>REGISTERED AGENTS OF FLORIDA, LLC</u> Street Address (P.O. Box Number is Not Acceptable) <u>100 SE 2ND STREET, STE 2900</u> City <u>MIAMI</u> FL Zip Code <u>33131</u>		
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>Howard J. Vogel, Vice President</u> DATE <u>3/14/07</u> <small>(NOTE: Registered Agent signature required when reinstating)</small>					
Filing Fee is \$50.00 Due by May 1, 2007		Make check payable to Florida Department of State			
9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR PIAZZA, ALBERT C 5555 ANGLERS AVENUE FT. LAUDERDALE, FL 33312	<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	MGR MICHAEL NEAL 5555 ANGLERS AVENUE, STE 1A FT. LAUDERDALE, FL 33312		
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		
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 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>Albert C. Piazza</u>		Date <u>3/20/07</u>		Daytime Phone # <u>(954) 620-1000</u>	