2004 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jan 13, 2004 8:00 am
Secretary of State
01-13-2004 90041 004 ****50.00

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1. Entity Name
M/I HOMES OF WEST PALM BEACH, LLC

Principal Place of Business	Mailing Address
4 HARVARD CIRCLE SUITE 950 WEST PALM BEACH, FL 33409	3 EASTON OVAL STE 500 COLUMBUS, OH 43219

01062004 Chg-LLC CR2E083 (10/03)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. FEI Number 75-3087794 ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324	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 reinstating)

Filing Fee is $50.00
Due by May 1, 2004

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS			10. ADDITIONS / CHANGES		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR M/I HOMES OF FLORIDA, LLC 3 EASTON OVAL STE 500 COLUMBUS, OH 43219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CEO SCHOTTENSTEIN, IRVING E 3 EASTON OVAL STE 500 COLUMBUS, OH 43219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGR SCHOTTENSTEIN, ROBERT H 3 EASTON OVAL STE 500 COLUMBUS, OH 43219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P Schottenstein, Robert H 3 Easton Oval, Suite 500 Columbus, OH 43219	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOT CREEK, PHILIP G 3 EASTON OVAL STE 500 COLUMBUS, OH 43219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOT Creek, Phillip G 3 Easton Oval, Suite 500 Columbus, OH 43219	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MASON, J. THOMAS 3 EASTON OVAL STE 500 COLUMBUS, OH 43219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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: Phillip G. Creek Phillip G. Creek, CFO, Treas 1-7-04 614-418-8227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #