2005 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 06, 2005 8:00 am
Secretary of State
04-06-2005 90024 025 ****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

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

03252005 Chg-LLC CR2E083 (10/03)

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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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 reinstating)

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 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	P SCHOTTENSTEIN, ROBERT H 3 EASTON OVAL STE 500 COLUMBUS, OH 43219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President and CEO	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFOT CREEK, PHILLIP G 3 EACTON OVAL SUITE 500 COLUMBUS, OH 43219	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CFO only 3 Easton Oval, Suite 500	☒ 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	Vice President Mark Welch 4 Harvard Circle, Suite 950 West Palm Beach, FL 33409	☐ 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 03-28-05 614-418-8227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #