2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 24, 2006 08:00 AM
Secretary of State

DOCUMENT # L02000029191

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

04142006 No Chg-LLC CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

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

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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 _____ 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, 2006

9. MANAGING MEMBERS/MANAGERS

TITLE	MGR
NAME	M/I HOMES OF FLORIDA, LLC
STREET ADDRESS	3 EASTON OVAL STE 500
CITY-ST-ZIP	COLUMBUS, OH 43219
TITLE	CEOP
NAME	SCHOTTENSTEIN, ROBERT H
STREET ADDRESS	3 EASTON OVAL STE 500
CITY-ST-ZIP	COLUMBUS, OH 43219
TITLE	CFO
NAME	CREEK, PHILLIP G
STREET ADDRESS	3 EASTON OVAL, SUITE 500
CITY-ST-ZIP	COLUMBUS, OH 43219
TITLE	S
NAME	MASON, J. THOMAS
STREET ADDRESS	3 EASTON OVAL STE 500
CITY-ST-ZIP	COLUMBUS, OH 43219
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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05/06/06-80023-013 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: Phillip G. Creek Phillip G. Creek, CFO 04-18-06 614-418-8227
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE — Date — Daytime Phone #