

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L02000029191

FILED
Apr 23, 2009
Secretary of State

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

Current Principal Place of Business:

4343 ANCHOR PLAZA PARKWAY
SUITE 200
TAMPA, FL 33634

New Principal Place of Business:

Current Mailing Address:

3 EASTON OVAL
SUITE 500
COLUMBUS, OH 43219

New Mailing Address:

FEI Number: 75-3087794

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

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

Name and Address of New Registered Agent:

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.

SIGNATURE:

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: VP () Delete
Name: ROBERTS, WILLIAM A
Address: 3 EASTON OVAL SUITE 500
City-St-Zip: COLUMBUS, OH 43219

Title: PMGR () Delete
Name: SCHOTTENSTEIN, ROBERT H
Address: 3 EASTON OVAL SUITE 500
City-St-Zip: COLUMBUS, OH 43219

Title: PMGR () Delete
Name: CREEK, PHILLIP G
Address: 3 EASTON OVAL, SUITE 500
City-St-Zip: COLUMBUS, OH 43219

Title: SMGR () Delete
Name: MASON, J. THOMAS
Address: 3 EASTON OVAL SUITE 500
City-St-Zip: COLUMBUS, OH 43219

Title: P () Delete
Name: SIKORSKI, FRED J
Address: 4343 ANCHOR PLAZA PARKWAY, STE 200
City-St-Zip: TAMPA, FL 33634

Title: P (X) Delete
Name: SELLINGER, JOHN S
Address: 4343 ANCHOR PLAZA PARKWAY SUITE 200
City-St-Zip: TAMPA, FL 33634

ADDITIONS/CHANGES:

Title: VPT (X) Change () Addition
Name: ROBERTS, WILLIAM A
Address: 3 EASTON OVAL SUITE 500
City-St-Zip: COLUMBUS, OH 43219

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic 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: WILLIAM A. ROBERTS

VPT

04/23/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date