2009 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

FILED
Sep 25, 2009
Secretary of State

DOCUMENT# L02000029193

Entity Name: M/I HOMES OF TAMPA, LLC

Current Principal Place of Business:

4343 ANCHOR PLAZA PARKWAY, SUITE 200
TAMPA, FL 336346329

New Principal Place of Business:

Current Mailing Address:

3 EASTON OVAL
SUITE 500
COLUMBUS, OH 43219

New Mailing Address:

FEI Number: 75-3087792 **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:	P	( ) Delete
Name:	SIKORSKI, FRED J	
Address:	4343 ANCHOR PLAZA PARKWAY, STE 200	
City-St-Zip:	TAMPA, FL 33634	
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:	GRAY, MARSHALL S	
Address:	4343 ANCHOR PLAZA PARKWAY, STE 200	
City-St-Zip:	TAMPA, FL 33634	
Title:	VP	( ) Delete
Name:	ROBERTS, WILLIAM A	
Address:	3 EASTON OVAL SUITE 500	
City-St-Zip:	COLUMBUS, OH 43219	

ADDITIONS/CHANGES:

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:	VP	(X) Change ( ) Addition
Name:	GRAY, MARSHALL S	
Address:	4343 ANCHOR PLAZA PARKWAY, STE 200	
City-St-Zip:	TAMPA, FL 33634	
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 VP 09/25/2009

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