

**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED

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

DOCUMENT # L02000029195

1. Entity Name
M/I HOMES OF ORLANDO, LLC



Principal Place of Business

237 SOUTH WESTMONTE DRIVE, SUITE 111
ALTAMONTE SPRINGS, FL 32714

Mailing Address

3 EASTON OVAL
STE 500
COLUMBUS, OH 43219



04142006No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number

75-3087793

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

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and (title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

**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	CFO
NAME	CREEK, PHILLIP G
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	VP
NAME	WHEATON, WILLIAM B
STREET ADDRESS	237 S W MONTE D STE 111
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714
TITLE	S
NAME	MASON, J. THOMAS
STREET ADDRESS	3 EASTON OVAL STE 500
CITY-ST-ZIP	COLUMBUS, OH 43219
TITLE	VP
NAME	BENNETT, DANA A
STREET ADDRESS	237 S W MONTIE DR STE 111
CITY-ST-ZIP	ALTAMONTE SPRINGS, FL 32714

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05/06/06-80023-010 50.00

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IN THIS SPACE**

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 #