2008 LIMITED LIABILITY COMPANY ANNUAL REPORT (AR) - DUE BY MAY 1, 2008

Mailing Address

DOCUMENT # L03000005154

1. Entity Name

Principal Place of Business

SIGNATURE

ZUCKERMAN HOMES OF SOUTHWEST FLORIDA, LLC



FILED Feb 28, 2008 8:00 am Secretary of State

02-28-2008 90103 021 ***138.75

Daytime Proxic #



6131 LYONS ROAD 6131 LYONS ROAD SUITE 200 SUITE 200 COCONUT CREEK FL 33073 COCONUT CREEK FL 33073 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E083 (10/07) City & State City & State 4. FEI Number Applied For 01-0801690 Not Applicable Couritry Zip Country Zip \$5.00 Additional Certificate of Status Desired. Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent ANDREW ZUCKERMAN HODKIN, PETER M Street Address (P.O. Box Number is Not Acceptable) 6131 LYONS ROAD 4901 NORTH WEST 17TH WAY, SUITE 504 FORT LAUDERDALE FL 33309 SUITE 200 COCONUT CREEK 8. The above named entity submits 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 registers ANDROW WOKER MAN SIGNATURE e of registered agent and title if applicable FILE NOW!!! FEE IS \$138.75 After May 1, 2008, Fee Will Be \$538.75 Make Check Payable to Florida Department of State MANAGING MEMBERS/MANAGERS ADDITIONS/CHANGES TITLE ☐ Delete TITLE MGR ☐ Addition ▼☐ Change HAME HODKIN, PETER M ZUCKERMAN, ANDREW STREET ADDRESS 4901 NW 17 WAY, #504 STREET ADDRESS 6131 LYONS ROAD, SUITE 200 CITY-ST-ZIP FORT LAUDERDALE FL 33309 COCONUT CREEK, FL. 33073 TITLE ☐ Delete TITLE ☐ Channe ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET AUDRESS CITY-ST-7IP CITY - ST - ZIP TITLE TITLE ☐ Delete ☐ Change ☐ Addition NAME NAME SISSET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-SI-ZIP THE TITLE Delete ☐ Change ☐ Addition MARKE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZP T:TLF TITLE ☐ Change Delate Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CHTY~ST-7/P

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 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 of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

THE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE