2007 LIMITED LIABILITY COMPANY

May 01, 2007 8:00 am Secretary of State ANNUAL REPORT DOCUMENT # L03000031073 05-01-2007 90326 049 ****50.00 BOYNTON BEACH BOULEVARD, LLC Principal Place of Business Mailing Address DUU4/U/b 1600 SAWGRASS CORPORATE PARKWAY 1600 SAWGRASS CORPORATE PARKWAY SUITE 300 SUITE 300 SUNRISE, FL 33323 US SUNRISE, FL 33323 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04252007 CR2E083 (12/06) Chg-LLC City & State City & State 4. FEI Number Applied For 65-1042494 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Steven M. Helfman, Esq. GRANT, MARK F ESQ Street Address (P.O. Box Number is Not Acceptable) C/O RUDEN, MCCLOSKY, SMITH ET AL 200 EAST BROWARD BLVD, STE 1500 FORT LAUDERDALE, FL 33301 1600 Sawgross Corporde Porkway, Suite 300 Zip Code 33323 8. The above named entity submits this state of Florida. I am familiar with, and accept the obligations of registered agent-4/26/07 ne of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$50.00 Due by May 1, 2007 Make check payable to Florida Department of State MANAGING MEMBERS/MANAGERS 9. ADDITIONS/CHANGES 10. MGRM TITLE TITLE ☐ Change ☐ Addition Delete GL HOMES OF B. BEACH ASSOC, VI, LLLP NAME NAME STREET ADDRESS 1600 SAWGRASS CORPORATE PKWY #300 STREET ADDRESS CITY-ST-ZIP SUNRISE, FL 33323 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TLE ☐ Delete TITLE ☐ Change ☐ Addition MAME NAME STREET ADDRESS STREET ADDRESS

11. I hereby certify that the information supplied with this filling 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 repeiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

CITY-ST-ZIP

CITY-ST-ZIP

NE MARIA NEMERICEZ VICE PRESIDENT

HORIZED REPRESENTATIVE

FILED