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SECRETARY OF STATE
DIVISION OF CORPORATIONS

## NewCo Corporate Services, Inc.

875 Avenue of the Americas Suite 501 New York, NY 10001

Telephone: (212) 356-8351

Internet Address: theresa@newcocorporate.com

Fax: (212) 356-8352

September 1, 2006

Corporations Division Secretary of State of Florida P.O. Box 6327 Tallahassee, FL 32314

RE: HOVNANIAN LAND INVESTMENT GROUP OF FLORIDA, L.L.C.

Dear Sir/Madam:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both. Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there is a problem, please contact the undersigned immediately at the following toll-free number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely yours,

Theresa Festa Senior Corporate Specialist

Check # -

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

1. The name of the	limited liability comp	pany is: Hovnanian Land Investment	Group of Florida, L.L.C.	
2. The mailing addr	ess of the limited lial	bility company is: 9701 Apollo Drive	, Suite 400, Largo, MD 20774	
7/1/2004		L04000049664		
3. Date of filing/registration in Florida		4. Document n	4. Document number	
5. The name of the re Florida Departmen		he registered office address as show	n on the records of the	
•	CT Corporation	System		
	<u> </u>	Name	06 08 01 N	
1200 South Pine Islan		e Island Rd	SEC SEC	
		Address	SEP SER	
	Plantation, FL		OF C	
	City, State and Zip			
6. The name and address of the new registered agent and/or office:		CORPORATIONS  PM 2: 39		
NRAI Services, Inc.		Inc.	STATE DRATION 2: 39	
		Name Park Drive, Suite 4	- 9 DKS	
	Florida street	address (P.O. Box NOT acceptable	)	
	Weston	FL 33331		
		City, State and Zip	<del>-</del>	
confirmed that after the and the business officiability company, it the members of the lithe operating agreem	the change or change ce of the registered a is hereby confirmed mited liability comp only of the limited lia	anized under the laws of the State of a sare made, the Florida street address gent will be identical. Or, in the cast that the change(s) was/were authorizany or as otherwise provided in the bility company.	ss of the registered office	
Signature of a member or a	authorized representative of	f a member)		
Peter S. Reinhart, Sen	ior Vice President and	Secretary		
(Printed or typed name of s				
I hereby accept the accomply with the provand I am familiar with Chapter 608, F.S. Oaddress, I hereby con NRAI Services, Inc.	appointment as regisi isions of all statutes h and accept the obl r, if this document is ufirm that the limited	tered agent and agree to act in this of relative to the proper and complete igations of my position as registered being filed to merely reflect a chan liability company has been notified	capacity. I further agree to performance of my duties, I agent as provided for in ge in the registered office in writing of this change.	

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**