

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L04000049664

FILED
Apr 28, 2008
Secretary of State

Entity Name: HOVNANIAN LAND INVESTMENT GROUP OF FLORIDA, L.L.C.

Current Principal Place of Business:

9701 APOLLO DRIVE
SUITE 400
LARGO, MD 20774

New Principal Place of Business:

Current Mailing Address:

9701 APOLLO DRIVE
SUITE 400
LARGO, MD 20774

New Mailing Address:

FEI Number: 20-1379037

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
2731 EXECUTIVE PARK DRIVE
WESTON, FL 33331 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: MGRM () Delete
Name: HOVNANIAN DEVELOPMEN, TS OF FLORIDA, INC.
Address: C/O KLINGER, S. AUSTRALIAN AVE. STE 401
City-St-Zip: WEST PALM BEACH, FL 33409

Title: AS () Delete
Name: MEADE, DAVID L
Address: 9701 APOLLO DR, SUITE 400
City-St-Zip: LARGO, MD 20774

Title: SVP () Delete
Name: DEMARCO, DAVID C
Address: 9701 APOLLO DR, SUITE 400
City-St-Zip: LARGO, MD 20774

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:

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: DAVID L MEADE

AS

04/28/2008

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