2005 LIMITED LIABILITY COMPANY

SIGNATURE: SIGNATURE and Typed or printed name of signing managing member, manager, or authorized representative

Apr 29, 2005 8:00 am Secretary of State **ANNUAL REPORT DOCUMENT # L04000062826** 04-29-2005 90055 010 ****55.00 1. Entity Name CENTURY HOMEBUILDERS AT ZAMORA, LLC Principal Place of Business Mailing Address 20051435 7270 NW 12TH STREET, SUITE 410 7270 NW 12TH STREET, SUITE 410 MIAMI, FL 33126 MIAMI, FL 33126 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04272005 CR2E083 (10/03) Chg-LLC City & State City & State 4. FEI Number Applied For Not Applicable Zip Country Zip 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 KILC Sherul DE LAS CUEVAS-DIAZ, VIVIAN Street Address (P.O. Box Number is Not Acceptable) 2665 SOUTH BAYSHORE DRIVE, SUITE 420 MIAMI, FL 33133 Suite 410 City Miami 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable DATE Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State 9. MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES MGRM Addition TITLE ☐ Delete TITLE ☐ Change PINO, SERGIO NAME 7270 NW 12TH STREET, SUITE 410 STREET ADDRESS STREET ADDRESS MIAMI, FL 33126 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change ☐ Addition TITLE TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE □ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change TIT1 F TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f). Florid Statutes, 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 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.

FILED

Daytime Phone #