

2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000002846

FILED
Mar 23, 2009
Secretary of State

Entity Name: SYMPHONY BUILDERS AT GATOR TRACE, LLC

Current Principal Place of Business:

4400 W SAMPLE ROAD
SUITE 118
COCONUT CREEK, FL 33073

New Principal Place of Business:

10100 NW 33RD STREET
CORAL SPRINGS, FL 33065 US

Current Mailing Address:

4400 W SAMPLE ROAD
SUITE 118
COCONUT CREEK, FL 33073

New Mailing Address:

10100 NW 33RD STREET
CORAL SPRINGS, FL 33065 US

FEI Number: 20-2151198

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

ROTHENBERG, LARRY A
C/O RELIANCE TITLE COMPANY
815 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 US

Name and Address of New Registered Agent:

ROTHENBERG, LARRY A P.A.
815 CORAL RIDGE DRIVE
CORAL SPRINGS, FL 33071 US

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: LARRY ROTHENBERG

03/23/2009

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: SYMPHONY BUILDERS AT, GATOR TRACE, I NC.
Address: 4400 W SAMPLE ROAD, # 118
City-St-Zip: COCONUT CREEK, FL 33073

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: SYMPHONY BUILDERS AT, GATOR TRACE, I NC.
Address: 10100 NW 33RD STREET
City-St-Zip: CORAL SPRINGS, FL 33065 US

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: LEWIS MOSCOVITCH

MGRM

03/23/2009

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