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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

30012221

04102007 Chg-LLC CR2E083 (12/06)

2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT # L05000009416

1. Entity Name
LYNN & ANDERSON HOMES LLC

Principal Place of Business	Mailing Address
3105 W WATERS AVENUE SUITE 315 TAMPA, FL 33614 US	3105 W WATERS AVENUE SUITE 315 TAMPA, FL 33614

2. Principal Place of Business - No P.O. Box #		3. Mailing Address	
ONE TAMPA CITY CENTER		ONE TAMPA CITY CENTER	
Suite, Apt. #, etc.: SUITE 2505		Suite, Apt. #, etc.: SUITE 2505	
City & State: TAMPA FL		City & State: TAMPA FL	
Zip: 33602	Country: US	Zip: 33602	Country: US

4. FEI Number: APPLIED FOR 202256062 — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $5.00 Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
BMG ACCOUNTING INC 109 E ROBERTSON STREET BRANDON, FL 33511	Name: PUNWANI, AMEET Street Address (P.O. Box Number is Not Acceptable): ONE TAMPA CITY CENTER SUITE 2505 City: TAMPA FL Zip Code: 33602

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: [signature] Ameet A Punwani 4.19.07
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is $50.00
Due by May 1, 2007

Make check payable to
Florida Department of State

9. MANAGING MEMBERS/MANAGERS			10. ADDITIONS/CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM NORTHGATE INVESTMENTS LLC 3105 W WATERS AVENUE, SUITE 315 TAMPA, FL 33614	☒ Delete	MGR LALWANI, JIWAT ONE TAMPA CITY CENTER SUITE 2505 TAMPA, FL 33602	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	MGRM LALWANI, INDIRA 3105 W WATERS AVE #315 TAMPA, FL 33614	☒ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete		☐ Change ☐ Addition

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

SIGNATURE: [signature] J.S. LALWANI 4/19/07 813-600-2984
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #