2006 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Jun 30, 2006 8:00 am
Secretary of State
05-08-2006 90036 038 ****50.00

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1. Entity Name
CORAL POINTE HOMES LLC

Principal Place of Business	Mailing Address
7606 WEST SAND LAKREROAD ORLANDO, FL 32819 US	7606 WEST SAND LAKREROAD ORLANDO, FL 32819 US

04202006 Chg-LLC CR2E083 (11/05)

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc. Suite 303
City & State	City & State Orlando FL
Zip / Country	Zip 32802 / Country USA

4. FEI Number 20-2301598 ☐ 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
TREML, MICHAEL L 7606 WEST SAND LAKE ROAD ORLANDO, FL 32819	Name Street Address (P.O. Box Number is Not Acceptable) 7065 Westpointe Drive Suite 303 City Orlando FL Zip Code 32802

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 Michael L Treml 6/27/06
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, 2006

Make check payable to Florida Department of State

9. MANAGING MEMBERS / MANAGERS		10. ADDITIONS / CHANGES	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition MGRM Hartsen, Tom 9600 Koger Blvd. Ste 105 St. Petersburg, FL 33702
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition MGRM Flaeting, Robert 9600 Koger Blvd. Ste 105 St. Petersburg, FL 33702
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☑ Addition MGRM Chadwick, Narry 9600 Koger Blvd. Ste 105 St. Petersburg, FL 33702
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ 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] 4.26.06
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #