2007 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED Apr 13, 2007 8:00 am Secretary of State

	7414140741						uyursu	au
DOCUMENT # L05000039256 1. Entity Name COSCAN HOME BUILDERS, LLC					04-13-2007 90036 039 ****50.00			
Principal Place of Business 5555 ANGLERS AVENUE SUITE 1A FT. LAUDERDALE, FL 33312 US		Mailing Address 5555 Anglers Avenue Suite 1A Ft. Lauderdale, Fl. 33312 US		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0				
2. Principal Place of Business - No P.O. Box #		3. Mailing Address						
Suite, Apt. #, etc.		Suite, Apt. #, etc.		01152007	Chg-LLC	CR2E083 (12/06)		
City & State		City & State			4. FEI Numl 20-27		— — — — — — — — — — — — — — — — — — —	pplied For ot Applicable
Zip	Country	Zip	Country	у	5. Certificat	e of Status Desired	S5.00 Add Fee Require	
	6. Name and Address of Current	Registered Agent			7. Name and Address of New Registered Agent			
FERREIL OROUG CORROBATE CERVICES LLO				NAME GISTERED ALENTS OF FLORZON, LLC				
FERRELL GROUP CORPORATE SERVICES, LLC 201 S. BISCAYNE BLVD. 34TH FLOOR					ddress (P.O. Box Number is Not Acceptable) 0 32 2NN STREET, STE 2900			
MIAMI, FL 33131							, -	
///				CityM20m2 FL Zip Code 33/3/				
8. The above named endry spormits 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 Howard J. Vogel, Vice President 3/14/07 Signature (NOTE: Registered Agent signature required when reinstating) OATE								
Filing Fee Is \$50.00 Due by May 1, 2007					Make check payable to Florida Department of State			
9.	MANAGING MEMBE	ERS/MANAGERS	MANAGERS 10.		ADDITIONS/CHANGES			
TITLE	MGR	☐ Delete	TITLE				☐ Change	Addition
NAME STREET ADDRESS	PIAZZA, ALBERT C 5555 ANGLERS AVENUE, SUITE 1A		NAME STREET	ADDRESS				
CITY-ST-ZIP	1		CITY-S	I				
TITLE	MGR	☐ Delete	TITLE				☐ Change	Addition
NAME	NEAL, MIKE	F 44	NAME					
STREET ADDRESS CITY-ST-ZIP	S 5555 ANGLERS AVENUE, SUITE 1A FT. LAUDERDALE, FL 33312		STREET CITY-S	ADDRESS				
TITLE	Delete		TITLE				☐ Change	Addition
NAME			NAME				کی میرون	
STREET ADDRESS				ADDRESS				
CITY-ST-ZIP		C1 0	CITY-S	51-ZIP			□ 0b	D Assistan
TITLE NAME		Delete	TITLE NAME				☐ Change	☐ Addition
STREET ADDRESS				ADDRESS				
CITY+ST-ZIP			CITY-S	ST-ZIP				
TITLE		☐ Delete	TITLE				☐ Change	Addition
STREET ADDRESS				T ADDRESS				

 I hereby certify that the informindicated on this report is try limited liability company or the state of the state o It is supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information and accurrate 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 receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

☐ Delete

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Albert C. Digzzg RINTED NAME OF SIGNING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

☐ Change

Addition