

2006 LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L05000051350

FILED
Jul 14, 2006
Secretary of State**Entity Name:** M/I HOMES OF LAKE COUNTY, LLC**Current Principal Place of Business:**237 SOUTH WESTMONTE DRIVE, SUITE 111
ALTAMONTE SPRINGS, FL 32714**New Principal Place of Business:****Current Mailing Address:**3 EASTON OVAL STE 500
COLUMBUS, OH 43219**New Mailing Address:****FEI Number:** 20-2880432**FEI Number Applied For ()****FEI Number Not Applicable ()****Certificate of Status Desired ()****Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324 US**Name and Address of New Registered Agent:**

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: _____

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGR () Delete
Name: M/I HOMES DR FLORIDA, LLC
Address: 3 EASTON OVAL STE 500
City-St-Zip: COLUMBUS, OH 43219

Title: () Delete
Name:
Address:
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Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES:

Title: PRES (X) Change () Addition
Name: SHAMROCK, KEITH
Address: 2100 LAKE EUSTIS DRIVE
City-St-Zip: TAVARES, FL 32778

Title: VP () Change (X) Addition
Name: SHAMROCK, STEVE
Address: 2100 LAKE EUSTIS DRIVE
City-St-Zip: TAVARES, FL 32778

Title: VP () Change (X) Addition
Name: BROWN, FRED
Address: 2100 LAKE EUSTIS DRIVE
City-St-Zip: TAVARES, FL 32778

Title: VP () Change (X) Addition
Name: BENNETT, DANA A
Address: 237 SOUTH WESTMONTE DRIVE, SUITE 111
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Change (X) Addition
Name: WHEATON, WILLIAM B
Address: 237 SOUTH WESTMONTE DRIVE, SUITE 111
City-St-Zip: ALTAMONTE SPRINGS, FL 32714

Title: VP () Change (X) Addition
Name: ROBERTS, WILLIAM A
Address: 3 EASTON OVAL
City-St-Zip: COLUMBUS, OH 432192

I hereby certify that the information supplied with this filing does not qualify for the 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: WILLIAM A. ROBERTS

VP

07/14/2006

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