

2008 LIMITED LIABILITY COMPANY ANNUAL REPORT

DOCUMENT# L05000063789

FILED
Apr 25, 2008
Secretary of State

Entity Name: SEVILLE, LLC

Current Principal Place of Business:

1000 NW 17TH AVE.
DELRAY BEACH, FL 33445 US

New Principal Place of Business:

3801 PGA BLVD., SUITE 901
PALM BEACH GARDENS, FL 33410 US

Current Mailing Address:

1000 NW 17TH AVE.
DELRAY BEACH, FL 33445 US

New Mailing Address:

3801 PGA BLVD., SUITE 901
PALM BEACH GARDENS, FL 33410 US

FEI Number: 20-3107214

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

BENDER, GARRETT
1000 NW 17TH AVE.
DELRAY BEACH, FL 33445 US

Name and Address of New Registered Agent:

HOFFMANN, CAMILLE O
3801 PGA BLVD., SUITE 901
PALM BEACH GARDENS, FL 33401 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: CAMILLE O. HOFFMANN

04/25/2008

Electronic Signature of Registered Agent

Date

MANAGING MEMBERS/MANAGERS:

Title: MGRM () Delete
Name: OLIVER-HOFFMANN SEVI, LLE, LLC
Address: 2050 SOUTH A1A #5
City-St-Zip: JUPITER, FL 33477 US

Title: MGR (X) Delete
Name: ASCOT SEVILLE, LLC.,
Address: 1000 NW 17TH AVE.
City-St-Zip: DELRAY BEACH, FL 33445

Title: MGR (X) Delete
Name: LENNAR HOMES, INC.,
Address: 700 NW 107TH AVE.
City-St-Zip: MIAMI, FL 33172

ADDITIONS/CHANGES:

Title: MGRM (X) Change () Addition
Name: OLIVER-HOFFMANN SEVI, LLE, LLC
Address: 3801 PGA BLVD., SUITE 901
City-St-Zip: PALM BEACH GARDENS, FL 33410 US

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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: CAMILLE O HOFFMANN

MGRM

04/25/2008

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