## L05000071618

| (R                      | equestor's Name)      |        |
|-------------------------|-----------------------|--------|
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|                         |                       |        |
| (C                      | ity/State/Zip/Phone # | )      |
| PICK-UP                 | ☐ WAIT                | MAIL   |
| (B                      | usiness Entity Name)  |        |
|                         | ocument Number)       |        |
| (D                      | ocument variber)      |        |
| Certified Copies        | Certificates of       | Status |
| Special Instructions to | Filing Officer:       |        |
|                         |                       |        |
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Office Use Only



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SECRETARY OF STATE OF STATE OF CORPORATION OF STATE OF ST

## NewCo Corporate Services, Inc.

875 Avenue of the Americas Suite 501 New York, NY 10001

Telephone: (212) 356-8351

Internet Address: theresa@newcocorporate.com

Fax: (212) 356-8352

September 1, 2006

Corporations Division Secretary of State of Florida P.O. Box 6327 Tallahassee, FL 32314

RE: K. HOVNANIAN FIRST HOMES, L.L.C.

Dear Sir/Madam:

Enclosed please find Statement of Change of Registered Office or Registered Agent or Both. Please file the attached and return a filed-stamped copy to the attention of the undersigned at the above address.

If there is a problem, please contact the undersigned immediately at the following toll-free number 1-888-336-3926.

Thanking you in advance for your prompt attention to this matter.

Sincerely yours,

Theresa Festa

Senior Corporate Specialist

eresa Zesta

Check #-

## STATEMENT OF CHANGE OF REGISTERED OFFICE OR REGISTERED AGENT OR BOTH FOR LIMITED LIABILITY COMPANY

Pursuant to the provisions of sections 608.416 or 608.508, Florida Statutes, the undersigned limited liability company submits the following statement in order to change its registered office or registered agent, or both, in the State of Florida.

|  |  | lity company is:  |  |
|--|--|---|--|
| 110 WEST FRONT S   | STREET, RED BANK, NJ   | 07701   |  |
| 07/20/2005   |  | _L050000716   | 18   |
| 3. Date of filing/re   | gistration in Florida  | 4. Documen  | nt number  |
| 5. The name of the Florida Departme  | registered agent and the ent of State:   | registered office address as sh   | own on the records of the  |
|  | FRED HERMAN  |   |  |
|  |  | Name  | D  |
|  | 2503 DEL PARD  | O BLVD, SUITE 300   | 8 <u>Ne</u>  |
|  |  | Address   | %  |
|  | CAPE CORAL FL  | City, State and Zip   |  |
| , , , , , , , , , , , , , , , , , , ,  |  | •   | र्ज हुन्   |
| 6. The name and ad   | dress of the new registe   | red agent and/or office:  | PX RPO   |
|  | NRAI Services, In  | C.  | PH 2: 38   |
|  |  | Name  | 38   |
|  | 2731 Executive Pa  |   |  |
|  | Florida street a   | ddress (P.O. Box NOT accepta  | ıble)  |
|  | Weston   | FL 33331  | <u> </u>   |
|  | C  | City, State and Zip   |  |
| confirmed that after<br>and the business of<br>liability company, i<br>the members of the<br>the operating agree | ty company is not organ<br>the change or changes<br>fice of the registered age<br>t is hereby confirmed the<br>limited liability compan<br>tent of the limited liability and the<br>authorized representative of a | nty company.  | te of Florida, it is hereby dress of the registered office case of a Florida limited torized by an affirmative vote of the articles of organization or                   |
| Peter S. Reinhart, Se  | enior Vice President and S   | Secretary   |  |
| (Printed or typed name of  |  |   | · · · · · · · · · · · · · · · · · · ·  |
| I hereby accept the<br>comply with the pro<br>and I am familiar w  | appointment as registe<br>visions of all statutes re<br>its and accept the oblig   | red agent and agree to act in the<br>elative to the proper and compl<br>ations of my positive adjects | his capacity. I further agree to<br>lete performance of my duties,<br>ered agent as provided for in<br>hange in the registered office<br>fied in writing of this change. |

Division of Corporations, P.O. Box 6327, Tallahassee, FL 32314

INHS18(10/99)

**FILING FEE: \$25.00**