


**2005 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 21, 2005 08:00 AM
Secretary of State

DOCUMENT # L98000002534 1. Entity Name COSCAN HOMES REALTY L.L.C.	
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Principal Place of Business 5555 ANGLER AVE., STE. 1A FT LAUDERDALE, FL 33312	Mailing Address 5555 ANGLER AVE., STE. 1A FT LAUDERDALE, FL 33312
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DO NOT WRITE IN THIS SPACE



02092005No Chg-LLC

CR2E083 (10/03)

4. FEI Number 65-0873262	Applied For Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required
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6. Name and Address of Current Registered Agent REGISTERED AGENTS OF FLORIDA, LLC 100 SE SECOND ST., STE 2900 MIAMI, FL 33131	DO NOT WRITE IN THIS SPACE
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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 _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

DATE _____

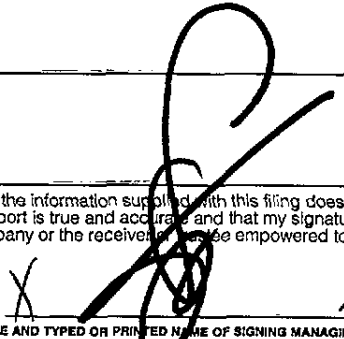
**Filing Fee is \$50.00
Due by May 1, 2005**

1100000237989
02/21/05-80077-013 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGRM COSCAN HOMES, L.L.C. 5555 ANGLERS AVENUE FT LADERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY-ST-ZIP	MGR BONELLI, CHRISTINE 1301 N VENETIAN WAY MIAMI, FL 33139
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 am otherwise empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  ALBERT C. PAZZIA 2/9/05 (954) 620-1000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #