


**2006 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Mar 02, 2006 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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01052006 No Chg-LLC

CR2E083 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0873262	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

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**

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, 2006**

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGRM COSCAN HOMES, L.L.C. 5555 ANGLERS AVENUE FT LAUDERDALE, FL 33312
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR BONELLI, CHRISTINE 1301 N VENETIAN WAY MIAMI, FL 33139
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03/14/06-80020-001 50.00

**DO NOT WRITE
IN THIS SPACE**

11. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE:  **Albert C. Piazza, Mar** 1/10/06 (954) 620-1000
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE Date Daytime Phone #