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FOREIGN LIMITED LIABILITY COMPANY

Tousa, LLC

Certificate of Status	
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: lame of Foreign Limited Liability Company) (Jurisdiction under the law of which foreign limited liability company is organized) of limited liability company will cause to main) (Date of Organization) rensacted husiness in Florida, if prior to registration.) 608.501 & 608.502 R.S. to determine penalty liability) Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having quality of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a fineign language translation of the certificate under oath of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: Bignature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an efformation under the penalties of perjury that the facts stated herein are true.) PATRICIA M. PETERSEN, SECRETORY

Typed or printed name of signer

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	of the Limited Liability Comp	any is:		
_704	SA. LLC			
2. The name a	and the Florida street address	of the registered a	gent and office are:	
	cr	Corporation System		
		(Name)		·
	1200	South Pine Island Ro	ad	_
	Florida Street Add	ress (P.O. Box <u>NOT</u>	ACCEPTABLE)	
	Plantation	FL	33324	
		City/State/Zip		
liability compar agent and agree relating to the p	uned as registered agent and t ny at the place designated in th e to act in this capacity. I furti proper and complete performa ny position as registered agent	his certificate, I her her agree to compl nce of my duties, at	eby accept the appoi y with the provisions nd I am familiar with	niment as registered of all statutes and accept the
. a	C T Corporation System			
By: Y)a	lang Weenke			
	(Signature)	MARK A BURKE		7
	grecial i	SERVICE SECRETAL	TY.	

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

Certificate of Status (optional)

\$ 5.00

AM 8: 34

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOUSA, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE EIGHTEENTH DAY OF JANUARY, A.D. 2005.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

2005 JAN 19 AM 8: 34
SECRETARY OF STATE
TAIL AHASSEF, FLORIDA

3894395 6300

0500404.66

Warriet Smith Handson Harries Smith Windson, Secretary of State

AUTHENTICATION: 3622736

DATE: 01-18-05