## 2005 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

## May 03, 2005 8:00 am Secretary of State DOCUMENT # P00000061086 1. Entity Name 05-03-2005 90083 021 \*\*\*158.75 G.L. HOMES OF PALM BEACH III CORPORATION Principal Place of Business Mailing Address 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071 1401 UNIVERSITY DRIVE SUITE 200 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State City & State 4. FEI Number Applied For 65-1018779 Not Applicable Zip Country Zip Country **\$8.75** Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRANT, MARK F ESQ Street Address (P.O. Box Number is Not Acceptable) 200 EAST BROWARD BLVD, 15TH FLOOR FORT LAUDERDALE FL 33301 Zip Code 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 FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2005 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE PD ☐ Delete TITLE ☐ Change X Addition NAME EZRATTI, ITZHAK NAME N. Maria Menendez 1401 UNIVERSITY DRIVE, STE 200 1401 University Dr. #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP Coral Springs, FL 33071 VAS TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME FANT, ALAN NAME STREET ADDRESS 1401 UNIVERSITY DRIVE, STE 200 STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-7IP CITY-ST-7IP Delete Addition TITLE TITLE ☐ Change NAME COSTELLO, RICHARD STREET ADDRESS 1401 UNIVERSITY DRIVE, STE 200 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL SPRINGS FL 33071 TITLE ☐ Delete Change ☐ Addition NORWALK, RICHARD 1401 UNIVERSITY DRIVE, STE 200 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Change ☐ Defete TITLE ☐ Addition CORBAN PAUL 1401 UNIVERSITY DRIVE, STE 200 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Addition HELFMAN, STEVEN M NAME NAME STREET ADDRESS 1401 UNIVERSITY DR STE 200 STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-7IP CITY-ST-7IP 12. 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 or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if

**FILED** 

N. Maria Menendez, Vice President 4/28/05 (954) 753-1730-SIGNATURE: \( \text{\( \text{\) \exitingtinut{\( \text{\( \text{\( \text{\) \exitingtinut{\( \text{\( \text{\( \text{\) \exitingtinut{\( \text{\( \text{\( \)}\exitingtinut{\( \text{\( \text{\( \text{\) \exitingtinut{\( \text{\( \text{\) \exitingtinut{\( \text{\( \text{\) \exitingtinut{\( \text{\( \text{\) \exitingtinut{\( \text{\( \text{\) \exitin\) \exitingtinut{\( \text{\( \text{\) \exitingtinut{\( \text{\\ \exitingtinut{\\ \exitingtinut{\\ \exitingtinut{\\ \exitingtinut{\\ \exitingtinut{\\ \exitinity}\\ \exitingtinut{\\ \exitingtinut{\\ \exitinity}\\ \exitinity\\ \exitinit D TYPED OF PRINTED NAM Daytme Phone #

changed, or on an attachment with an address, with all other like empowered.