


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 06, 2006 8:00 am**  
**Secretary of State**

04-06-2006 90009 050 \*\*\*150.00

**DOCUMENT # P01000072237**

1. Entity Name  
 MORRISON HOMES REALTY OF FLORIDA, INC.



Principal Place of Business  
 151 SOUTHHALL LANE, SUITE 200  
 MAITLAND, FL 32751

Mailing Address  
 151 SOUTHHALL LANE, SUITE 200  
 MAITLAND, FL 32751

40044923



03302006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 59-3737701	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM  
 1200 SOUTH PINE ISLAND ROAD  
 PLANTATION, FL 33324

**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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PRES PARKER, STEVEN A 3655 BROOKSIDE PKWY. STE 400 ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPAS VAN STEE, BRUCE J 3655 BROOKSIDE PKWY. STE 400 ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPSC HAYES, RUSSELL E 3655 BROOKSIDE PKWY. STE 400 ALPHARETTA, GA 30022
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP PETERS, LESLIE 151 SOUTHHALL LANE STE 200 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP STOREY, MICHAEL 151 SOUTHHALL LANE STE 200 MAITLAND, FL 32751
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP BAKUN, MAREK 151 SOUTHHALL LANE STE 200 MAITLAND, FL 32751

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

SIGNATURE: Leslie A. Peters  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-31-06  
Date Daytime Phone #