2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

May 05, 2004 8:00 am Secretary of State DOCUMENT # P01000085101 1. Entity Name 05-05-2004 90242 036 ***158.75 G.L. HOMES OF MIRAMAR III CORPORATION Principal Place of Business Mailing Address 1401 UNIVERSITY DRIVE 1401 UNIVERSITY DRIVE 14022165 SUITE 200 CORAL SPRINGS FL 33071 SUITE 200 CORAL SPRINGS FL 33071 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FE! Number Applied For 65-1135226 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current 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 City 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 agont 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, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE Delete TITLE MENENDEZ, N. MARIA EZRATTI, ITZHAK NAME NAME 1401 UNIVERSITY DR # 200 STREET ADDRESS 1401 UNIVERSITY DRIVE SUITE 200 STREET ADDRESS CORal Springs, FL CORAL SPRINGS FL 33071 33071 CITY-ST-ZIP CiTY-ST-7IP MLE ☐ Delete TITLE Helfman, Steven NAME NORWALK, RICHARD M NAME 1401 UNIVERSITY DR #200 1401 UNIVERSITY DR. STE. 200 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-7IP CITY-ST-ZIP mre Delete TITLE ☐ Addition NAME NAME COSTELLO, RICHARD A STREET ADDRESS 1401 UNIVERSITY DR. STE. 200 STREET ADDRESS CITY-ST-ZIP CORAL SPRINGS FL 33071 CITY-ST-ZIP VAS mir Delete TITLE ☐ Change ☐ Addition NAME FANT, ALAN J NAME 1401 UNIVERSITY DR. STE. 200 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP тπі Е ☐ Delete ☐ Change ☐ Addition CORBAN, PAUL NAME NAME 1401 UNIVERSITY DR. STE. 200 STREET ADDRESS STREET ADDRESS CORAL SPRINGS FL 33071 CITY-ST-ZIP CITY-ST-ZIP TILLE ☐ Delete ☐ Addition TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

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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 suppliemental 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. Maria Menendez, Vice President

SIGNATURE: