


2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2008 8:00 am
Secretary of State

05-01-2008 90226 041 ***150.00

DOCUMENT # P01000085101					
1. Entity Name G.L. HOMES OF MIRAMAR III CORPORATION					
Principal Place of Business 1600 SAWGRASS CORP PKWY SUITE 300 230 SUNRISE, FL 33323			Mailing Address 1600 SAWGRASS CORP PKWY SUITE 300 230 SUNRISE, FL 33323		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 65-1135226	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent GRANT, MARK F ESQ. 200 EAST BROWARD BLVD., 15TH FLOOR FORT LAUDERDALE, FL 33301			7. Name and Address of New Registered Agent Name: <u>Steven M. Helfman, Esq.</u> Street Address (P.O. Box Number is Not Acceptable): <u>1600 Sawgrass Corp Pkwy, Suite 230</u> City: <u>Sunrise</u> FL <u>33323</u>		
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: <u>[Signature]</u> DATE: <u>4/29/08</u> <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00		9. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE PD NAME EZRATTI, ITZHAK STREET ADDRESS 1600 SAWGRASS CORP PKWY STE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete		TITLE NAME 1600 Sawgrass Corp Pkwy, Suite 230 STREET ADDRESS Sunrise, FL 33323 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE V NAME NORWALK, RICHARD M STREET ADDRESS 1600 SAWGRASS CORP PKWY STE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete		TITLE NAME 1600 Sawgrass Corp Pkwy, Suite 230 STREET ADDRESS Sunrise, FL 33323 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME NELFMAN, STEVEN M STREET ADDRESS 1600 SAWGRASS CORP PKWY STE 300 CITY-ST-ZIP FORT LAUDERDALE, FL 33323	<input type="checkbox"/> Delete		TITLE VT NAME HELPMAN, STEVEN M. STREET ADDRESS 1600 Sawgrass Corp Pkwy, Suite 230 CITY-ST-ZIP Sunrise, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VAS NAME FANT, ALAN J STREET ADDRESS 1600 SAWGRASS CORP. PKWY STE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete		TITLE NAME 1600 Sawgrass Corp Pkwy, Suite 230 STREET ADDRESS Sunrise, FL 33323 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE S NAME CORBAN, PAUL STREET ADDRESS 1600 SAWGRASS CORP PKWY STE 300 CITY-ST-ZIP FORT LAUDERDALE, FL 33323	<input type="checkbox"/> Delete		TITLE NAME 1600 Sawgrass Corp Pkwy, Suite 230 STREET ADDRESS Sunrise, FL 33323 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE VT NAME MENENDEZ, N. MARIA STREET ADDRESS 1600 SAWGRASS CORP. PKWY STE 300 CITY-ST-ZIP SUNRISE, FL 33323	<input type="checkbox"/> Delete		TITLE NAME 1600 Sawgrass Corp Pkwy, Suite 230 STREET ADDRESS Sunrise, FL 33323 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>[Signature]</u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			N. MARIA MENENDEZ, VICE PRESIDENT <u>4/29/08</u> 954-753-1730 <small>Date Daytime Phone #</small>		