

# 2006 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**May 02, 2006 8:00 am**  
**Secretary of State**

05-02-2006 90204 024 \*\*\*150.00

<b>DOCUMENT # P01000086905</b>					
<b>1. Entity Name</b> <b>G.L. HOMES OF BOCA RATON V CORPORATION</b>					
<b>Principal Place of Business</b> <b>1401 UNIVERSITY DRIVE SUITE 200</b> <b>CORAL SPRINGS, FL 33071</b>			<b>Mailing Address</b> <b>1401 UNIVERSITY DRIVE SUITE 200</b> <b>CORAL SPRINGS, FL 33071</b>		
<b>2. Principal Place of Business</b> <b>1600 Sawgrass Corp Pkwy</b> Suite, Apt. #, etc. <b>Suite 300</b>		<b>3. Mailing Address</b> <b>1600 Sawgrass Corp Pkwy</b> Suite, Apt. #, etc. <b>Suite 300</b>			
<b>City &amp; State</b> <b>Sunrise, FL</b>		<b>City &amp; State</b> <b>Sunrise, FL</b>		<b>4. FEI Number</b> <b>65-1135228</b>	
<b>Zip</b> <b>33323</b>		<b>Country</b> <b>USA</b>		<b>5. Certificate of Status Desired</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>6. Name and Address of Current Registered Agent</b>  <b>GRANT, MARK F ESQ</b> <b>200 EAST BROWARD BLVD 15TH FLOOR</b> <b>FORT LAUDERDALE, FL 33301</b>				<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> Zip Code	
<b>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.</b>					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2006 Fee will be \$550.00</b>			<b>9. Election Campaign Financing</b> Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>10. OFFICERS AND DIRECTORS</b>			<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11</b>		
<b>TITLE</b> PD <b>NAME</b> EZRATTI, ITZHAK <b>STREET ADDRESS</b> 1401 UNIVERSITY DR. STE 200 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		<b>TITLE</b> PD <b>NAME</b> EZRATTI, ITZHAK <b>STREET ADDRESS</b> 1600 SAWGRASS CORP PKWY, SUITE 300 <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> NORWALK, RICHARD M <b>STREET ADDRESS</b> 1401 UNIVERSITY DR. STE 200 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> NORWALK, RICHARD M <b>STREET ADDRESS</b> 1600 SAWGRASS CORP PKWY, SUITE 300 <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VT <b>NAME</b> COSTELLO, RICHARD <b>STREET ADDRESS</b> 1401 UNIVERSITY DR. STE 200 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		<b>TITLE</b> V <b>NAME</b> COSTELLO, RICHARD A. <b>STREET ADDRESS</b> 1600 SAWGRASS CORP PKWY, SUITE 300 <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> VAS <b>NAME</b> FANT, ALAN J <b>STREET ADDRESS</b> 1401 UNIVERSITY DR. STE 200 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		<b>TITLE</b> VAS <b>NAME</b> FANT, ALAN J. <b>STREET ADDRESS</b> 1600 SAWGRASS CORP PKWY, SUITE 300 <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> S <b>NAME</b> CORBAN, PAUL <b>STREET ADDRESS</b> 1401 UNIVERSITY DR. STE 200 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		<b>TITLE</b> S <b>NAME</b> CORBAN, PAUL <b>STREET ADDRESS</b> 1600 SAWGRASS CORP PKWY, SUITE 300 <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>TITLE</b> V <b>NAME</b> MENENDEZ, N. MARIA <b>STREET ADDRESS</b> 1401 UNIVERSITY DR., #200 <b>CITY-ST-ZIP</b> CORAL SPRINGS, FL 33071	<input type="checkbox"/> Delete		<b>TITLE</b> VT <b>NAME</b> MENENDEZ, N. MARIA <b>STREET ADDRESS</b> 1600 SAWGRASS CORP PKWY, SUITE 300 <b>CITY-ST-ZIP</b> SUNRISE, FL 33323	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
<b>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.</b>					
<b>SIGNATURE:</b> <i>N. Maria Menendez</i>			<b>N. MARIA MENENDEZ, VICE PRESIDENT</b>		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date <b>4/28/06</b> Daytime Phone # <b>954-753-1730</b>		