


2008 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2008 90225 001 ***150.00

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| DOCUMENT # P01000086905 | |  |
| 1. Entity Name G.L. HOMES OF BOCA RATON V CORPORATION | | |

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|---|---|
| Principal Place of Business 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 | Mailing Address 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 |
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|---|---------|---|---------|
| 2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc. | | 3. Mailing Address Suite, Apt. #, etc. | |
| City & State | | City & State | |
| Zip | Country | Zip | Country |

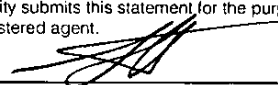


04142008 Chg-P CR2E034 (12/06)

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| 4. FEI Number 65-1135228 | Applied For Not Applicable |
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| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
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| 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: Steven M. Helfman, Esq. Street Address (P.O. Box Number is Not Acceptable): 1600 Sawgrass Corp Pkwy, Suite 230 City: Sunrise FL Zip Code: 33323 | |
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| 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:  | DATE: 4/29/08 |

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| FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 | 9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> | \$5.00 May Be Added to Fees |
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| 10. OFFICERS AND DIRECTORS | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | |
|--|--|---|---|
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | V NORWALK, RICHARD M 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VAS FANT, ALAN J 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | S CORBAN, PAUL 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VT MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY SUITE 300 SUNRISE, FL 33323 <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1600 Sawgrass Corp Pkwy, Suite 230 Sunrise, FL 33323 |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input type="checkbox"/> Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | <input 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.

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| SIGNATURE:  | N. MARIA MENENDEZ, VICE PRESIDENT | 4/30/08 | 954-753-1730 |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | Date | Daytime Phone # |