2009 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# P07000092456

Entity Name: TOLL FL GP II CORP.

FILED Jul 15, 2009 Secretary of State

Current Principal Place of Business: New Principal Place of Business: 250 GIBRALTAR ROAD HORSHAM, PA 19044 US **Current Mailing Address: New Mailing Address:** 250 GIBRALTAR ROAD HORSHAM, PA 19044 US FEI Number: 26-7092762 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 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. SIGNATURE: Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete Title: (X) Change () Addition **ROBERT** Name: Name: TOLL, ROBERT I 250 GIBRALTAR ROAD 250 GIBRALTAR ROAD Address: Address: City-St-Zip: HORSHAM, PA 19044 US City-St-Zip: HORSHAM, PA 19044 US Title: Title: () Delete () Change () Addition Name: REINERT, GROUP, RALPH Name: 28341 S. TAMIAMI TRAIL Address: Address: BONITA SPRINGS, FL 34134 US City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition DONNELLY, DIVISION, J. MICHAEL Name: Name: 5300 W. ATLANTIC AVENUE Address: Address: City-St-Zip: DELRAY BEACH, FL 33484 US City-St-Zip: Title: () Delete Title: () Change () Addition REILLY, DIVISION, WILLIAM Name: Name: Address: 2966 COMMERCE PARK DR., STE. 100 Address: City-St-Zip: ORLANDO, FL 32819 US City-St-Zip: Title: Title: () Delete () Change () Addition THIRTYACRE, DIVISION, KENNETH Name: Name: 28341 S. TAMIAMI TRAIL Address: Address: City-St-Zip: BONITA SPRINGS, FL 34134 US City-St-Zip: Title: () Delete Title: () Change () Addition TORRES, DIV. SENIOR, DAVID Name: Name: Address: 13820 ST. AUGUSTINE RD. STE. 300B Address: City-St-Zip: City-St-Zip: JACKSONVILLE, FL 32258 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID TORRES ٧ 07/15/2009 Date