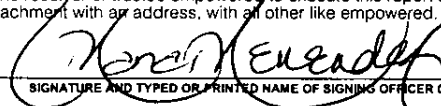


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2007 8:00 am
Secretary of State

05-01-2007 90037 005 ***150.00

DOCUMENT # P93000083282 1. Entity Name G.L. HOMES OF MIRAMAR CORPORATION					
Principal Place of Business 1600 SAWGRASS CORP SUITE 300 SUNRISE, FL 33323			Mailing Address 1600 SAWGRASS CORP SUITE 300 SUNRISE, FL 33323		
2. Principal Place of Business - No P.O. Box # 1600 Sawgrass Corp Pkwy		3. Mailing Address 1600 Sawgrass Corp Pkwy			
Suite, Apt. #, etc.		Suite, Apt. #, etc.		04192007 Chg-P CR2E034 (12/06)	
City & State		City & State		4. FEI Number 65-0453207	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent MARK GRANT C/O RUDEN BARNETT 200 E BROWARD BOULEVARD FT LAUDERDALE, FL 33302				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees		
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	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT MENENDEZ, N. MARIA 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323	☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VAS FANT, ALAN 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V COSTELLO, RICHARD A 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NORWALK, RICHARD M 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CORBAN, PAUL 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HELFMAN, STEVEN M 1600 SAWGRASS CORP PKWY., SUITE 300 SUNRISE, FL 33323	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ 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 an other like empowered.					
SIGNATURE: 			N. MARIA MENENDEZ, VICE PRESIDENT 4/27/07 954-753-1730		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		