2000 UNIFORM BUSINESS REPORT (UBR) FILED May 18, 2000 8:00 am Secretary of State DOCUMENT # P96000051799 AVATAR NEW HOMES OF FLORIDA, INC. 05-18-2000 90297 023 ***158.75 Mailing Address Principal Place of Business 201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134-5108 CORAL GABLES FL 33134 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0692212 Not Applicable Country \$8.75 Additional Zip Country 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent KERRIGAN, JUANITA I Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES FL 33134 Zin 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. SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. Change ☐ Addition ٧D Delete TITLE TITLE GETMAN, DENNIS J NAME NAME 201 ALHAMBRA CIRCLE 12TH FL STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Change ☐ Addition ☐ Delete TITLE MCNAIRY, CHARLES L NAME STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Change Addition **VSD** ☐ Delete TITLE TITLE KERRIGAN, JUANITA I NAME NAME STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES FL 33134 Change ☐ Addition Delete TITLE NAME RUZICH, RICHARD J NAME STREET ADORESS 201 ALHAMBRA CIRCLE 12TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF CORAL GABLES FL 33134 Change ☐ Addition TITLE ☐ Delete TITLE NAME NAME RAMA, MICHAEL STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE CORAL GABLES FL 33134 ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP