


# 2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT # P96000051799	
1. Entity Name AVATAR NEW HOMES OF FLORIDA, INC.	

FILED  
08 DEC 22 AM 10:59  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134	Mailing Address 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134
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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

12162008 Chg-P CR2E034 (12/06)

6. Name and Address of Current Registered Agent  KERRIGAN, JUANITA I 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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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 12/22/08--01060--008 \*\*70.00

Amended AR is \$61.25	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 LEVY, MICHAEL 201 ALHAMBRA CIR, 12 FL CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	YUNES, HENRY 201 ALHAMBRA CIRCLE, 12 FL CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD KOTLER, RANDY L 201 ALHAMBRA CIR, 12 FL CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AVP WELDA, RICHARD P. 201 ALHAMBRA CIRCLE, 12 FL CORAL GABLES, FL 33134 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD KERRIGAN, JUANITA I 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T RAMA, MICHAEL 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V FLETCHER, PATRICIA K 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RAYMOND, WARREN 201 ALHAMBRA CIRCLE CORAL GABLES, FL 33134 <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.

SIGNATURE: Juanita I. Kerrigan 12/19/08 (305) 442-7000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #