

# 2007 FOR PROFIT CORPORATION ANNUAL REPORT

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

05-01-2007 90037 003 \*\*\*150.00

<b>DOCUMENT # P98000034748</b> 1. Entity Name <b>G.L. HOMES LICENSING CORPORATION</b>					
Principal Place of Business <b>1600 SAWGRASS CORP PKWY 4 SUITE 300 FORT LAUDERDALE, FL 33323</b>			Mailing Address <b>1600 SAWGRASS CORP PKWY 4 SUITE 300 FORT LAUDERDALE, FL 33323</b>		
2. Principal Place of Business - No P.O. Box # <b>1600 Sawgrass Corp Pkwy Suite 300</b>		3. Mailing Address <b>1600 Sawgrass Corp Pkwy Suite 300</b>			
City & State <b>Sunrise, FL</b>		City & State <b>Sunrise, FL</b>		4. FEI Number <b>65-0838149</b>	
Zip <b>33323</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent <b>GRANT, MARK F 200 EAST BROWARD BLVD 15TH FLOOR FORT LAUDERDALE, FL 33301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <b>FL</b> 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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>					
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2007 Fee will be \$550.00</b>			9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
<b>See Attached</b>					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD EZRATTI, ITZHAK <del>1401 UNIVERSITY DR STE 200</del> CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD EZRATTI, ITZHAK 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VAS FANT, ALAN <del>1401 UNIVERSITY DR STE 200</del> CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>VAS FANT, ALAN J. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V COSTELLO, RICHARD 1401 UNIVERSITY DR STE 200 CORAL SPRINGS, FL 33071</b> <input checked="" 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	<b>V NORWALK, RICHARD <del>1401 UNIVERSITY DR STE 200</del> CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V NORWALK, RICHARD M. 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S CORBAN, PAUL <del>1401 UNIVERSITY DRIVE # 200</del> CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>S CORBAN, PAUL 1600 SAWGRASS CORP PKWY, SUITE 300 SUNRISE, FL 33323</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D EZRATTI, ROSA 1401 UNIVERSITY DR., STE 200 CORAL SPRINGS, FL 33071</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D EZRATTI, ROSA 1600 Sawgrass Corp Pkwy, Suite 300 Sunrise, FL 33323</b> <input checked="" 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:			<b>N. MARIA MENDEZ, VICE PRESIDENT</b>		
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			Date <b>4/27/07</b> Daytime Phone # <b>954-753-1730</b>		

# ATTACHMENT

40095874

CONTINUATION PAGE

DOCUMENT# P9800003478

G.L. HOMES LICENSING CORPORATION

2007 FOR PROFIT CORPORATION ANNUAL REPORT

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☒ Addition

TITLE: VT  
NAME: N. MARIA MENENDEZ  
STREET ADDRESS: 1600 Sawgrass Corp Pkwy #300  
CITY-ST-ZIP: Sunrise, FL 33323

☐ Change ☒ Addition

TITLE: D  
NAME: MAYA EZRATTI  
STREET ADDRESS: 1600 Sawgrass Corp Pkwy #300  
CITY-ST-ZIP: Sunrise, FL 33323