

**2013 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L02000029195

**Entity Name:** M/I HOMES OF ORLANDO, LLC**Current Principal Place of Business:**300 COLONIAL CENTER PARKWAY  
SUITE 200  
LAKE MARY, FL 32746**Current Mailing Address:**3 EASTON OVAL  
SUITE 500  
COLUMBUS, OH 43219**FEI Number:** 75-3087793**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION, FL 33324 US*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**Authorized Person(s) Detail :**

Title	VP
Name	BYRNES, DAVID
Address	300 COLONIAL CENTER PARKWAY SUITE 200
City-State-Zip:	LAKE MARY FL 32746

Title	QB
Name	GRAY, MARSHALL S
Address	4343 ANCHOR PLAZA PARKWAY, SUITE 200
City-State-Zip:	TAMPA FL 33634

Title	P
Name	SIKORSKI, FRED J
Address	4343 ANCHOR PLAZA PARKWAY
City-State-Zip:	TAMPA FL 33634

Title	PMGR
Name	CREEK, PHILLIP G
Address	3 EASTON OVAL SUITE 500
City-State-Zip:	COLUMBUS OH 43219

Title	SMGR
Name	MASON, J. THOMAS
Address	3 EASTON OVAL SUITE 500
City-State-Zip:	COLUMBUS OH 43219

Title	VP
Name	KAIZER, JEFFREY R
Address	300 COLONIAL CENTER PARKWAY SUITE 200
City-State-Zip:	LAKE MARY FL 32746

*I hereby 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 a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** J. THOMAS MASON

SMGR

04/14/2013

\_\_\_\_\_  
Electronic Signature of Signing Authorized Person(s) Detail\_\_\_\_\_  
Date