

2013 FLORIDA LIMITED LIABILITY COMPANY AMENDED ANNUAL REPORT

DOCUMENT# L11000143130

Entity Name: TM NEWCO, LLC

Current Principal Place of Business:

4900 N. SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251

Current Mailing Address:

4900 N. SCOTTSDALE ROAD
SUITE 2000
SCOTTSDALE, AZ 85251 US

FEI Number: 45-4100117

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

NRAI SERVICES, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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 MANAGING MEMBER
Name TAYLOR MORRISON OF FLORIDA, INC.
Address 4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title PRESIDENT
Name KEMPTON, JOHN S
Address 501 N. CATTLEMEN RD. SUITE 100
City-State-Zip: SARASOTA FL 34232

Title ASST. TREASURER, VP
Name CAMPBELL, MICHELLE M
Address 501 N. CATTLEMEN RD. SUITE 100
City-State-Zip: SARASOTA FL 34232

Title CFO, VP
Name CONE, C. DAVID
Address 4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title TREASURER, VP
Name BOYD, CALVIN
Address 4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title SECRETARY, VP
Name SHERMAN, DARRELL C
Address 4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title ASST. SECRETARY
Name ESTRADA, CAROLINE G
Address 4900 N. SCOTTSDALE ROAD SUITE 2000
City-State-Zip: SCOTTSDALE AZ 85251

Title ASST. SECRETARY
Name MERRILL, S. TODD
Address 1211 N. WESTSHORE BLVD. SUITE 512
City-State-Zip: TAMPA FL 33607

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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: CAROLINE G. ESTRADA

ASST. SECRETARY

02/27/2013

Electronic Signature of Signing Authorized Person(s) Detail

_____ Date

Authorized Person(s) Detail Continued :

Title VP
Name MILLER, DOUGLAS D
Address 1211 N. WESTSHORE BLVD.
SUITE 512
City-State-Zip: TAMPA FL 33607

Title VP
Name MANSFIELD, MICHAEL E
Address 501 N. CATTLEMEN RD.
SUITE 100
City-State-Zip: SARASOTA FL 34232

Title VP
Name LONGENECKER, CAMMIE L
Address 501 N. CATTLEMEN RD.
SUITE 100
City-State-Zip: SARASOTA FL 34232

Title VP
Name SQUITIERI, ANTHONY J
Address 501 N. CATTLEMEN RD.
SUITE 100
City-State-Zip: SARASOTA FL 34232

Title VP
Name STEFFENS, LOUIS E
Address 1211 N. WESTSHORE BLVD.
SUITE 512
City-State-Zip: TAMPA FL 33607

Title VP
Name ANDRUSS, DEREK L
Address 501 N. CATTLEMEN RD.
SUITE 100
City-State-Zip: SARASOTA FL 34232

Title VP
Name RUSHNELL, DEVON S
Address 501 N. CATTLEMEN RD.
SUITE 100
City-State-Zip: SARASOTA FL 34232