2014 FOREIGN LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Apr 30, 2014
Secretary of State
CC9914502130

DOCUMENT# M99000001618

Entity Name: CENTEX MULTI-FAMILY ST. PETE HOLDING COMPANY, L.L.C.

Current Principal Place of Business:

100 BLOOMFIELD HILLS PARKWAY
SUITE 300
BLOOMFIELD HILLS, MI 48304

Current Mailing Address:

100 BLOOMFIELD HILLS PARKWAY
SUITE 300
BLOOMFIELD HILLS, MI 48304 US

FEI Number: 75-2841117

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525 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	VICE PRESIDENT AND TREASURER
Name	ROBINSON, BRUCE
Address	100 BLOOMFIELD HILLS PARKWAY STE 300
City-State-Zip:	BLOOMFIELD HILLS MI 48304

Title	ASST VICE PRESIDENT
Name	ANDERSON, CADE C
Address	100 BLOOMFIELD HILLS PARKWAY STE 300
City-State-Zip:	BLOOMFIELD HILLS MI 48304

Title	CHAIRMAN
Name	DUGAS, JR , RICHARD
Address	100 BLOOMFIELD HILLS PARKWAY SUITE 300
City-State-Zip:	BLOOMFIELD HILLS MI 48304

Title	ASST. SECRETARY
Name	TREPPA , SUZANNE
Address	100 BLOOMFIELD HILLS PARKWAY SUITE 300
City-State-Zip:	BLOOMFIELD HILLS MI 48304

Title	MANAGER, SR VICE PRESIDENT AND SECRETARY
Name	COOK, STEVEN
Address	100 BLOOMFIELD HILLS PARKWAY STE 300
City-State-Zip:	BLOOMFIELD HILLS MI 48304

Title	MANAGER
Name	O'SHAUGHNESSY, ROBERT
Address	100 BLOOMFIELD HILLS PARKWAY STE 300
City-State-Zip:	BLOOMFIELD HILLS MI 48304

Title	ASST. TREASURER, DIRECTOR OF TREASURY OPERATIONS
Name	LANGEN, DANIEL BRYCE
Address	100 BLOOMFIELD HILLS PARKWAY SUITE 300
City-State-Zip:	BLOOMFIELD HILLS MI 48304

Title	ASST. SECRETARY
Name	HERNANDEZ, MELISSA
Address	100 BLOOMFIELD HILLS PARKWAY SUITE 300
City-State-Zip:	BLOOMFIELD HILLS MI 48304

Continues on page 2

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 605, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CADE ANDERSON — ASSISTANT VICE PRESIDENT — 04/30/2014

Authorized Person(s) Detail Continued :

Title	ASST. SECRETARY
Name	TRIPP, COLETTE
Address	100 BLOOMFIELD HILLS PARKWAY SUITE 300
City-State-Zip:	BLOOMFIELD HILLS MI 48304