2006 FOR PROFIT CORPORATION

Apr 10, 2006 8:00 am Secretary of State **ANNUAL REPORT** DOCUMENT #F86860 04-10-2006 90298 039 ***158.75 1. Entity Name PROPERTIES ATLANTIC, INC. Principal Place of Business Mailing Address 2603 MAITLAND CENTER PKWY -2603 MAITLAND CENTER PKWY-60026186 STE B STE B MAITLAND, FL 32751 - US -MAITLAND, FL 32751 US 2. Principal Place of Business 3. Mailing Address 2701 Maitland Center Pkwy 2701 Maitland Center Pkwy Suite, Apt. #, etc. Suite Aot # etc. 02232006 CR2E034 (11/05) Suite 225 Suite 225 City & State City & State 4. FEI Number Applied For Maitland, FL Maitland, FL 59-2200546 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 32751 Orange 32751 Orange 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BERMAN, REID S. 2003-B MAITLAND CENTER PKWY-Street Address (P.O. Box Number is Not Acceptable) MAITLAND: FL-32751 2701 Maitland Center Pkwy, Suite 225 Maitland, FL 32751 City 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. Signature, hyped or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing FILE NOW!!! FEE IS \$150.00 After May 1, 2006 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 PV TITLE ☐ Delete TITLE ☐ Addition Change BERMAN, REID S. NAME NAME STREET ADDRESS 1688 PINE AVENUE STREET ADDRESS 2701 Maitland Center Pkwy, Suite 225 CITY-ST-ZIP WINTER PARK, FL 32789 CITY-ST-ZIP Maitland, FL 32751 TITLE ☐ Delete TITLE Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP TITLE ☐ Oelete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE NAME NAME

d with this filling does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information but 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 empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if less, with all other like empowered. I hereby certify that the informindicated on this report or s ation changed, or on an attachr

STREET ADDRESS CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

WIED NAME OF SIGNING OFFICER OR DIRECTOR

FILED