2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P93000049145 1. Entity Name KEN CASEY REALTY, INC.

FILED Apr 10, 2001 8:00 am Secretary of State

					04-10-2001 90036 04	5 15	0.00	
· · ·	ce of Business Y 441. SUITE 200 32159	Mailing Address 13710 HIGHWAY 441. SUITE 200 LADY LAKE FL 32159 US		,	D0033408			
2. Principal Place of Business		3. Mailing Address		-				
Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS S	SPACE		
City & State		City & State		4. FEI Number 59-3192602			Applied For	
Zip	Country	Zip	Country	5.			dditional = 1	
	6. Name and Address of Current	Registered Agent	Name	7.	Name and Address of New Registered A			
CASEY, KENNETH E 13710 HIGHWAY 441, SUITE 200 LADY LAKE FL 32159				Street Address (P.O. Box Number is Not Acceptable)				
			City		FL	Zip Co	ode .	
SIGNATURE 9. This corp	e named entity submits this statement for signature, typed or printed name of registered agent oration is eligible to satisfy its Intangible requirement and elects to do so.	and title if applicable. (NOTE:	Registered Agent signatur	e required when re		\$5.	00 May Be	
	ria on back)	Make Check Payable	e to Department	of State				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP CASEY, KENNETH E 314 CHULA VISTA AVE LADY LAKE FL	DIRECTORS Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	AD	DITIONS/CHANGES TO OFFICERS AND	DIRECTO Change		
TITLE NAME STREET ADDRESS CITY_ST-ZIP	The section of the se	☐ Delete	TITLE NAME STREET ADDRESS _CITY_ST_ZIP	ಲ್ಲ್ ಇಡ್ ಎ <u>ಲ</u>	They are the total of the transfer that we were the second of the second	Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	☐ Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZiP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	pertify that the information supplied with	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change		

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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: