FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT **1997**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 06 1997 8:00am
Secretary of State

DOCUMENT # V74240

1. Corporation Name

THE ENCLAVE AT SILVER LAKES, INC.

Principal Place of Business	Mailing Address
~~910 NW 79 Ave~~	~~910 N.W. 79 Ave~~
Pembroke Pines, FL 33029	Pembroke Pines, FL 33029

3. Date Incorporated or Qualified: 10/23/92	3a. Date of Last Report: 4/30/96
2. Principal Place of Business — 21: 1240 S.W. 177 Terr	2a. Mailing Address — 26: 1240 S.W. 177 Terr
Suite, Apt. #, etc. — 22:	Suite, Apt. #, etc. — 27:
City & State — 23:	City & State — 28:
Zip — 24: / Country — 25:	Zip — 29: / Country — 30:
4. FEI Number: 65-0371773	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HODKIN PETER M 2200 W COMMERCIAL BLVD SUITE 302 FT LAUDERDALE, FL 33309	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ ☐ Domestic ☐ Foreign
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZUCKERMAN DAVID 1201 S.W. 102 AVE Pembroke Pines, FL 33025 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 1240 S.W. 177 Terr Pembroke Pines, FL 33029
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ZUCKERMAN ANDREW 1201 S.W. 102 Ave Pembroke Pines, FL 33025 ☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 1240 S.W. 177 Terr Pembroke Pines, FL 33029
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVY MICHAEL 16855 N.E. 2nd Ave, Suite 101 North Miami Beach, FL 33162 ☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☒ Change ☐ Addition 1240 S.W. 177 Terr Pembroke Pines, FL 33029
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D LEVY RONALD 1550 NE Miami Gardens Drive North Miami Beach, FL 33179 ☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition LW 5/6/97
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition 900002177449 -05/13/97--01108--030 ***165.00

CR2E034 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual 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 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: Andrew Zuckerman ✓ 4/30/97 ✓ 954-437-1213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

STF FL32381F.1