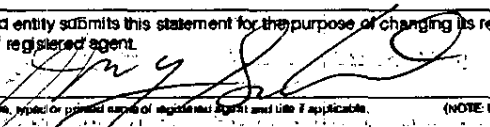
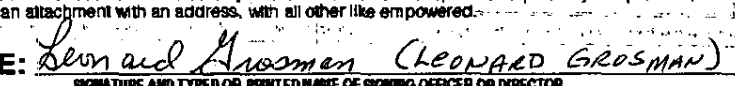


2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Apr 08, 2003 8:00 am
Secretary of State

04-08-2003 90097 045 ***150.00

DOCUMENT # 225721					
1. Entity Name WESTLAKE SHOPPING CENTER, INC.					
Principal Place of Business 6671 W. INDIANTOWN RD PMB 190 JUPITER, FL 33458 US			Mailing Address 6671 W. INDIANTOWN RD PMB 190 JUPITER, FL 33458 US		
2. Principal Place of Business 2295 Corporate Blvd, NW Suite, Apt. #, etc. Suite 131 City & State BOCA RATON, FL Zip 33431 Country USA		3. Mailing Address 2295 Corporate Blvd, NW Suite, Apt. #, etc. Suite 131 City & State BOCA RATON, FL Zip 33431 Country USA			
4. FEI Number 13-2582695				Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required					
6. Name and Address of Current Registered Agent GEIGER, JONATHAN G 1221 PARKWAY CT W PALM BEACH, FL 33413			7. Name and Address of New Registered Agent Name JOSEPH BARRY Schimmel Street Address (P.O. Box Number is Not Acceptable) 9400 S. DADELAND BLVD, Suite 600 City MIAMI FL Zip Code 33156		
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  DATE 4/7/03 (NOTE: Registered Agent Signature required when appointing)					
FILE NOW! FEE IS \$150.00 After May 1, 2003 Fee will be \$150.00 Make Check Payable to Florida Department of State 9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD GEIGER, JONATHAN G 10202 TRAILWOOD WAY JUPITER, FL	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	S Geiger, JONATHAN G 4447 BEDFURST AVE SAN DIEGO, CA 92122	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD KAHN, RONALD 45 KING STREET OBERLIN, OH	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD GROSMAN, LEONARD 145 SIMONE DR POUGHKEEPSIE, NY 12603	☐ 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	D GROSSMAN, DAVID 1752 WHITE WATER DR. ROCHESTER HILLS, MI 48309	☐ 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
12. I 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 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  4/3/03 845-454-5329 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E034 (10/02)