2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

May 02, 2005 8:00 am Secretary of State **DOCUMENT # 264669** 05-02-2005 90496 009 ***150.00 1. Entity Name JR INVESTMENTS OF MANATEE, INC. Principal Place of Business Mailing Address 2525 GULF OF MEXICO DRIVE, APT. 12-F 2525 GULF OF MEXICO DRIVE, APT. 12-F LONGBOAT KEY, FL 34228 US SUITE 511 LONGBOAT KEY, FL 34228 2. Principal Place of Business 3. Mailing Address SAME AS BOX 2 6031 Emerald Harbor Drive Suite, Apt. #, etc. Longboat Key, FL 34228 04292005 Chg-P CR2E034 (10/03) Applied For City City & State 4. FEI Number 59-1001064 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired MANATEC Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent NOSEPH RUBINSTEIN, JON Street Address (P.O. Box Number is Not Acceptable) 4227 PRES: DENTIAL AUE 2525 GULF OF MEXICO DRIVE, APT, 12-F LONGBOAT KEY, FL 34228 Zip Code 34203 City BRADEN TON 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 VOSEPH SIGNATURE (NOTE: Registered Agent signature required when reinstating) nt and title if applicable FILE NOW!!! FEE IS \$150,00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE PΩ ☐ Delete TITLE Change Change Addition RUBINSTEIN, JON NAME NAME Jon Rubinstein 2525 GULF OF MEXICO DRIVE, APT. 12-F STREET ADDRESS STREET ADDRESS 6031 Emerald Harbor Drive CITY-ST-ZIP LONGBOAT KEY, FL 34228 CITY-ST-ZIP Longboat Key, FL 34228 TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TETLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TELF TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-78P TITLE □ Detete Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Delete ☐ Chance ☐ Addition TOTALE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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 reserver 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 addresse, with all other like empowered.

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