2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

Mar 15, 2006 08:00 AM **DOCUMENT # 287669 Secretary of State** 1. Entity Name LEWIS HOMES REALTY, INC. Principal Place of Business Mailing Address 2875 SARASOTA GOLF CLUB BLVD. 2875 SARASOTA GOLF CLUB BLVD. SARASOTA FL 34240 SARASOTA FL 34240 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apr. #, etc. CR2E034 (10/05) 1st MOORE City & State City & State 4. FEI Number Applied For 59-1348564 Not Applicat Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SKLAR, ROBERT E Street Address (P.O. Box Number is Not Acceptable) 2875 SARASOTA GOLF CLUB BLVD SARASOTA FL 34240 Zia Cade Crtv 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 access the obligations of registered agent. SIGNATURE Syncholic Type to to printed name of registered agent and take it applicable. (NOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May €. 9. Election Campaign Financing After May 1, 2006 Fee Will Be \$550,00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. ☐ Change ☐ Adding POS TITLE RILE ☐ Delete U00000467848 NAME SKLAR, ROBERT E. NAME 03/24/06-88886-016 150.00 STREET ADDRESS 2875 SARASOTA GOLF CL BL STREET ADDRESS CITY-ST-ZIP SARASOTA FL 34240 CITY-SI-ZIP Change Delete THE And!! MAME NAME STREET ADDRESS STREET ADDRESS City-ST-Zip CHY-ST-21P Change Addilio C Detete 1555 F THE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Detete Change ☐ Addit DILE WLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change [Admin TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY -ST-ZIP CITY-ST-ZIC ☐ Change And:... BILE ☐ Delete MAME STREET AUDRESS STREET ADDRESS CITY-ST-ZIP City-St-709 12. I hereby certify that the information supplied with this filing does not qualify for the exchiptions contained in Section 119, 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 trustles empowered to execute this report asked that the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustles empowered 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 of the corporation of the corporation

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941-228-4986