2002 UNIFORM BUSINESS REPORT (UBR)

FILED May 09, 2002 8:00 am Secretary of State DOCUMENT # 476948 1. Entity Name TOWN & COUNTRY II, INC. 05-09-2002 90029 025 ***150.00 Principal Place of Business Mailing Address 13790 NW 4TH ST 13790 NW 4TH ST SUITE 113 SUITE 113 SUNRISE FL 33325 SUNRISE FL 33325 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-1594327 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name GRAGG, LAWRENCE K Street Address (P.O. Box Number is Not Acceptable) 200 S BISCAYNE BLVD STE 4900 MIAMI FL 33131 City Zin Code FL 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 SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 9. This corporation is eligible to satisfy its Intangible FILE NOW!!! FEE IS \$150.00 10. Election Campaign Financing Tax filing requirement and elects to do so. \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State Added to Fees 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE K Delete TITL F Change ☐ Addition AHERN, PATRICK M NAME NAME STREET ADDRESS % AHERN, 2 GREENWICH PLAZA STREET ADDRESS CITY-ST-ZIP **GREENWICH CT 06830** CITY-ST-ZIP P/T/S/D ☐ Delete TITLE K Change ☐ Addition NAME GIBLIN, JR., E M GIBLIN, E.M., JR. NAME STREET ADDRESS 13790 NW 4TH ST, STE 113 STREET ADDRESS 13790 NW 4th ST, STE 113 CITY-ST-ZIP SUNRISE FL 33325 CITY-ST-ZIP SUNRISE, FL 33325 TD Delete TITLE Change ☐ Addition NAME WILCOX, II, ROBERT J NAME STREET ADDRESS %AHERN, 2 GREENWICH PLAZA STREET ADDRESS CITY-ST-ZIP **GREENWICH CT 06830** CITY-ST-ZIP TITLE ☑ Delete TITLE Change ☐ Addition WILCOX, II, R JOHN NAME NAME STREET ADDRESS % AHERN, 2 GREENWICH PLAZA STREET ADDRESS CITY-ST-ZIP **GREENWICH CT 06830** CITY-ST-ZIP TITLE 🛛 Delete TITLE ☐ Change ☐ Addition NAME MILLER, ANDREA NAME STREET ADDRESS 13790 NW 4TH ST, STE 113 STREET ADDRESS CITY-ST-7IP SUNRISE FL 33325 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS

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 traster approvaged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if ess, with all other like empowered.

CITY-ST-ZIP

STREET ADDRESS

SIGNATURE:

CITY-ST-7IP

E.M. Giblin, Jr. SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/29/02

(954), 838–7100