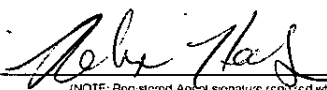


DOCUMENT # 728610				Secretary of State	
1. Entity Name APPLE CREEK UNIT TWO, INC.				04-05-2004 90075 028 ****61.25	
Principal Place of Business APPLE CREEK REC. CNT. 7301 W SUNRISE BLVD PLANTATION, FL 33313 US		Mailing Address APPLE CREEK REC CENTER 7301 W SUNRISE BLVD. PLANTATION, FL 33313 US			
2. Principal Place of Business		3. Mailing Address		03252004 Chg-NP CR2E037 (10/03)	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-1698257	
City & State		City & State		Applied For Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent HOBART, ROBERT 7301 W SUNRISE BLVD PLANTATION, FL 33313				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
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  3/31/04 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE	DT	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	FLETCHER, LORNA			NAME	
STREET ADDRESS	7163 W. SUNRISE BLVD.			STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL			CITY - ST - ZIP	
TITLE	DP	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	FEDERMAN, ANNE			NAME	
STREET ADDRESS	7215 W. SUNRISE BLVD.			STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL 33313			CITY - ST - ZIP	
TITLE	DP	☐ Delete		TITLE	☐ Change ☐ Addition
NAME	ADAMS, KIM			NAME	
STREET ADDRESS	7167 W. SUNRISE BLVD.			STREET ADDRESS	
CITY - ST - ZIP	PLANTATION, FL 33313			CITY - ST - ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
TITLE		☐ Delete		TITLE	☐ Change ☐ Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY - ST - ZIP				CITY - ST - ZIP	
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 617, 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:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					
Date Daytime Phone #					