2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Mar 18, 2005 08:00 AM Secretary of State DOCUMENT # 856733 1. Entity Name SOUTHTOWNE PROPERTIES, INC. Principal Place of Business Mailing Address 33900 LINDA LANE PO BOX 895748 LEESBURG FL 34788 US LEESBURG FL 34789-5748 US 3. Mailing Address 2. Principal Place of Business Suite, Apt #, etc Suite, Apt. #, etc. 1st MOORE CR2E034 (10/04) City & State Applied For City & State 4. FEI Number 31-0983867 Not Applicable \$8.75 Additional Zip Country Zip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name MEIXNER, ELKE Street Address (P.O. Box Number is Not Acceptable) 33900 LINDA LANE LEESBURG FL 34788 City 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 1 am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and tide if applicable MOTE Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2005 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 10. OFFICERS AND DIRECTORS 11. THLE PD Delete TITLE Change Addition NAME MEIXNER, DAVID W NAME STREET ADDRESS 33900 LINDA LANE STREET ADDRESS CITY-ST-ZIP LEESBURG FL 34788 CITY-ST-ZIP TITLE Change Addition DITLE ☐ Delete U00000268392 03/18/05-80041-004 150.00 MEIXNER, ELKE NAME NAME 33900 LINDA LANE STREET ADDRESS STREET ADDRESS LEESBURG FL 34788 CITY-ST 71P CHY ST-ZIP THE Change Addition ☐ Delete TOLE NAME MAIN MEIXNER, ELKE STREET ADDRESS STREET ADDRESS 33900 LINDA LANE CHTY-ST-ZIP CITY-ST-ZIP LEESBURG FL 34788 TITLE Change ☐ Addition HILE Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-SI-7P ☐ Addition BILLE ☐ Delete Change NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CHY-ST-ZIP Defete Tetter ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST- 7/P 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 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: Ukl Mull Secretary
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