

2004 FOR PROFIT CORPORATION REINSTATEMENT

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION

04 DEC 20 PM 2:39

REINSTATEMENT 04



11122004 REIN-P CR2E098 (6/04)

4. FEI Number: 14-1881927
Applied For: ☐ Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

DOCUMENT # F03000002956
1. Entity Name
HEATHBROOK OCALA OWNER CORP



Principal Place of Business Mailing Address
ATTN: DOUG JOHNSON//AMACAR GP, INC.
6526 MORRISON BLVD., SUITE 318
CHARLOTTE, NC 28211

2. Principal Place of Business 3. Mailing Address
C/O PERI: ATTN J. Mulford C/O PERI: ATTN J. Mulford
Suite, Apt. #, etc. Suite, Apt. #, etc.
8 Campus Drive 8 Campus Drive
City & State City & State
Parsippany, NJ Parsippany, NJ
Zip Country Zip Country
07054 USA 07054 USA

6. Name and Address of Current Registered Agent
C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

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: *[Signature]* **Julie E. Krantz**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Signature required when reinstating) DATE: 12-15-04
Assistant Secretary

FILE NOW!!! FEE IS \$750.00
After January 1, 2005, Fee will be \$900.00

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ARPEY, MICHAEL CSFB, ELEVEN MADISON AVE. NEW YORK, NY 10010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	O PP Global Real Estate Advisors, LLC, its agent 8 Campus Drive Parsippany, NJ 07054 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V NADEL, EDWARD CSFB, ELEVEN MADISON AVE. NEW YORK, NY 10010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V RUSSELL, DAVID M CSFB, ELEVEN MADISON AVE. NEW YORK, NY 10010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S RUSSO, LORI CSFB, ELEVEN MADISON AVE. NEW YORK, NY 10010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T KINDLER, ZEV CSFB, ELEVEN MADISON AVE. NEW YORK, NY 10010 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* By: **Prudential Investment Management Inc.,**
Signature and typed or printed name of signing officer or director. its managing member
Date: 973 683 1743
Daytime Phone #