2005 FOR PROFIT CORPORATION **ANNUAL REPORT**

Jul 29, 2005 08:00 AM Secretary of State DOCUMENT # F03000002956 1. Entity Name HEATHBROOK OCALA OWNER CORP Principal Place of Business Mailing Address C/O PREI,ATTN: J. MULFORD C/O PREI, ATTN: J. MULFORD 8 CAMPUS DRIVE **8 CAMPUS DRIVE** PARSIPPANY, NJ 07054 PARSIPPANY, NJ 07054 07192005 CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 14-1887927 Not Applicable \$8.75 Additional 5. Certificate of Status Desired \Box Fee Required 6. Name and Address of Current Registered Agent C T CORPORATION SYSTEM DO NOT WRITE 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 IN THIS SPACE 3. 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, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Due by September 7, 2005 Added to Fees corporation did not receive the prior notice. 10. OFFICERS AND DIRECTORS TITLE ARPEY, MICHAEL NAME STREET ADDRESS CSFB, ELEVEN MADISON AVE. NEW YORK, NY 10010 CITY-ST-ZIP ---- U00000374865 07729705-80001-002 150.00 TITLE NAME NADEL, EWARD STREET ADDRESS CSFB, ELEVEN MADISON AVE. CITY-ST-ZIP NEW YORK, NY 10010 TITLE NAME RUSSELL, DAVID M STREET ADDRESS CSFB, ELEVEN MADISON AVE. DO NOT WRITE CITY - ST - ZIP NEW YORK, NY 10010 TITLE IN THIS SPACE NAME RUSSO, LORI STREET ADDRESS CSFB, ELEVEN MADISON AVE. CITY-ST-ZIP NEW YORK, NY 10010

12. I hereby certify that the information supplied with this filling 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

lobal Real Estate Adolors, LLC agra-

TITLE NAME

TITLE NAME

STREET ADDRESS

STREET ADDRESS

CITY - ST - ZIP

CITY-ST-ZIP

KINDLER, ZEV

8 CAMPUS DRIVE

CSFB. ELEVEN MADISON AVE.

PF GLOBAL REAL ESTATE ADVISORS, LLC AGENT

NEW YORK, NY 10010

PARSIPPANY, NJ 07054

FILED