2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

FILED
04 NOV 30 AM 11:48
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F03000004314

1. Entity Name
LELY LANDINGS INC.

Principal Place of Business	Mailing Address
1100 SIXTH AVE S #227 NAPLES, FL 34109	181 WEST STREET NAPLES, FL 34108

2. Principal Place of Business		3. Mailing Address	
Burnt house, 4 Burnt House Dr.		Burnt House, 4 Burnt House Dr	
Suite, Apt. #, etc. N/A		Suite, Apt. #, etc. N/A	
City & State Warwick, WK - 04		City & State Warwick, WK - 04	
Zip N/A	Country Bermuda	Zip N/A	Country Bermuda

11192004 Chg-P CR2E034 (10/03)

4. FEI Number 20-0127332 — Applied For / Not Applicable

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

6. Name and Address of Current Registered Agent
BARNES, JOEL D
1100 SIXTH AVE S #227
NAPLES, FL 34102

7. Name and Address of New Registered Agent
Name: Corporation Service Company
Street Address (P.O. Box Number is Not Acceptable): 1201 Hays St.
City: Tallahassee FL Zip Code: 32301

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] Asst. Sec. Corporation Service Company 11/19/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ $5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DCPS BARNES, JOEL D 181 WEST STREET NAPLES, FL 34108	☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D/C/P Lynda B. Lovett Burnt House, 4 Burnt House Dr. Warwick, WK - 04, Bermuda	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S/T Mark A. Costello Burnt House, 4 Burnt House Dr. ~~Warwick, WK - 04, Bermuda~~	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ Addition
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TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Change ☐ 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] / Mark A. Costello / 23 NOV 2004 / 441-238-1700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #