| 2002 UNIFOR | RM BUSINESS | REPORT | (UBR) |
|-------------|-------------|--------|-------|
| DOCUMENT # | F930000059 | 952 | |

DOCUMENT # 1. Entity Name

KSL FLORIDA HOLDINGS, INC.

Principal Place of Business

4400 N.W. 87TH AVENUE MIAMI FL 33178

Mailing Address

55-880 PGA BLVD

LA CHINTA CA 92252

| | | | DA GUINTA OA 02230 | | | | | | | |
|--------------------------------|---------------------------|---|---|---------------------------------------|--------------|---|---|---------------------------------------|-----------------------------------|---------------|
| • D: | BI (B) | | - | | | | | | | |
| 2. Principal Place of Business | | | 3. Mailing Address, 50-905 Avenidu Bernadas | | des | 1 F 80 47 00 494 0 4 0400 14694 | ARRIO DOLLI BOLLI DOLLI I | 18181 BIIXE 1818 | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | DO NOT WRITE IN THIS SPACE | | | | |
| City & State | | City & State | | 4. | FEi Number | 1400 | A | pplied For | | |
| Zip | | Country | 13253 | 13253 Country USA | | - 5 | 33-059 Certificate of Status Des | | Not Applicable \$8.75 Additional | |
| | 6 Name | and Address of Correct B | 100 | 1 0 | 1H | | Fee Required | | | |
| | o, Name | and Address of Current R | egistered Agent | | Name | 7. | Name and Address of | New Registered A | (gent | |
| C T COE | RÉORATION S | SVSTEM | | Ĺ | TVAITIE | | | | | |
| | | LAND ROAD | | | Street A | ddress (P.O. | Box Number is Not Acce | ptable) | | |
| | | | | } | | · · · | | | | ,, |
| PEANIAI | 110N FL 3332 | 24 | | | | | | | | |
| | | | | | City | | | FL | Zip Cod | le |
| 8 . The above | e named entity | submits this statement for t | he purpose of changing its | s reaistere | d office o | r registered a | gent or both in the State | | | |
| • | | | , , | g | | . rogiotoroa a | gont, or both, in the otate | or nonca. | | |
| SIGNATURE | | | | | | | | | | |
| <u> </u> | Signature, typed o | or printed name of registered agent and | title if applicable. (NO | TE: Registered | Agent signat | ure required when | reinstating) | DATE | | |
| 9. This corp | oration is eligit | ole to satisfy its Intangible | FILE NOW | !!! FEE I | S \$150. | 00 | | · | | |
| Tax filing | requirement a | nd elects to do so. | After May 1, 20 | fter May 1, 2002 Fee will be \$550.00 | | 50.00 | 10. Election Campai Trust Fund Contr | ~ ~ _ | | May Be |
| (See crite | ria on back) | | Make Check Paya | ble to De _l | partmen | t of State | Trust Fund Contr | ibution. L_ | Adde | d to Fees |
| 11. | | OFFICERS AND DI | RECTORS | 12. | | Αί | DDITIONS/CHANGES TO | OFFICERS AND | DIRECTOR | S IN 11 |
| TITLE | P | | ☐ Delete | TITLE | | | | · · · · · · · · · · · · · · · · · · · | ☑ Change | ☐ Addition |
| NAME STREET ADDRESS | DALECIO, | | | NAME | | ر بر مرا | · Masil Bor | 1 | - | |
| CITY-ST-ZIP | 55-880 PG | A BLVD A CA 92253 | | STREET CITY-S | T ADDRESS | | s Arenick Beri | | | |
| TITLE | EVPD | TON BEEDS | | | 21-ZIF | La Qu | untu , ca | 92253 | | _ |
| NAME | | , MICHAEL S | ☐ Delete | , TITLE NAME | | و بر مسرا | - n n. | | Change | ☐ Addition |
| STREET ADDRESS | 55-880 PG/ | | | | ADDRESS | | 5 Avenidu Be | Mudas | | |
| CITY-ST-ZIP | LA QUINTA | | | CITY-S | | La Du | inta, ca | 92253 | | |
| TITLE | EVPD | | ☐ Delete | TITLE | | 74 44 | <u> </u> | | Change | Addition |
| NAME | LICHLITER, | LARRY E | | NAME | | | | | • | |
| STREET ADDRESS | 55-880 PG/ | | | STREET | ADDRESS | 5040 | 5 Avenidu | Bermudus | | |
| CITY-ST-ZIP | LA QUINTA | CA 92253 | | CITY-S | ST-ZIP | Lalle | unta CA | <u>92253 °</u> | | |
| TITLE | VPT | -DIA A | ☐ Delete | TITLE | | | , | | Change | ☐ Addition |
| NAME Street address | RESNICK, I | | | NAME | | | - Manida | Qac 1 | | } |
| CITY-ST-ZIP | 55-880 PG/ La quinta | | | CITY-S | ADDRESS | 2040 | 5 Avenida | Dermuci | ら | } |
| TITLE | VPS | OR SEEVE | □ 6 | | | Lu W | unta, OA | 14255 | | |
| NAME | DYAL, NOL | AS | ☐ Delete | TITLE | | | • | | C hange | ☐ Addition |
| STREET ADDRESS | 55-880 PG/ | | | | ADDRESS | 50-905 | s Avenida L | germuda | ì | |
| CITY-ST-ZIP | LA QUINTA | | | CITY-S | T-ZIP | La Di | winter 14-6 | 22 5 3 | | |
| TITLE | AS | <u>.</u> | □ Delete | TITLE | | | unta ca 9. Avenida Be | | Change | Addition |
| NAME | LYNCH, KIN | MBERLY F | | NAME | | - | nual La D | | Onlange | |
| STREET ADDRESS | 55-880 PGA | \ BLVD | | STREET | ADDRESS | 50405 | HVENICE DE | rmudas | | |

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

LA QUINTA CA 92253

SIGNATURE AND TYPED GREETING OFFICER OR DIRECTOR