

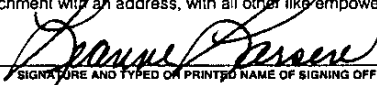


**2005 FOR PROFIT CORPORATION  
AMENDED ANNUAL REPORT**

**FILED**  
**Apr 08, 2005 8:00 am**  
**Secretary of State**

<b>DOCUMENT # F96000001171</b> 1. Entity Name <b>COMMONWEALTH PALM COAST CORPORATION</b>					
Principal Place of Business <b>% PALM COAST GOLF RESORT 300 CLUBHOUSE DR PALM COAST, FL 32137 US</b>			Mailing Address <b>% LOWE ENTERPRISES INC 11777 SAN VICENTE BLVD #900 LOS ANGELES, CA 90049 US</b>		
2. Principal Place of Business <b>11777 San Vicente Blvd.</b> Suite, Apt. #, etc. <b>Suite 900</b>		3. Mailing Address <b>11777 San Vicente Blvd.</b> Suite, Apt. #, etc. <b>Suite 900</b>			
City & State <b>Los Angeles, CA</b>		City & State <b>Los Angeles, CA</b>		4. FEI Number <b>95-4566556</b>	
Zip <b>90049</b>		Country <b>USA</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Name and Address of Current Registered Agent  <b>CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>	
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 _____ (NOTE: Registered Agent signature required when reinstating) <small>Signature, typed or printed name of registered agent and title if applicable. DATE</small>					
<b>Amended AR is \$61.25</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>GILBERT, PETER M</b> <b>30 N 3RD ST-5TH FLR</b> <b>HARRISBURG, PA 17101</b> <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	<b>D</b> <b>KALMAN, DAVID J</b> <b>30 N 3RD ST-5TH FLR</b> <b>HARRISBURG, PA 17101</b> <input type="checkbox"/> Delete		TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>000050246580</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>DONLEVY, FRANCIS J</b> <b>30 N 3RD STREET, 5TH FLOOR</b> <b>HARRISBURG, PA 17101</b> <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	<b>C</b> <b>LEARY, THEODORE M JR</b> <b>11777 SAN VICENTE BLVD #900</b> <b>LOS ANGELES, CA 90049</b> <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	<b>V</b> <b>POLADIAN, DICK</b> <b>11777 SAN VICENTE BLVD #900</b> <b>LOS ANGELES, CA 90049</b> <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	<b>S</b> <b>LARSEN, LEANNE</b> <b>11777 SAN VICENTE BLVD #900</b> <b>LOS ANGELES, CA 90049</b> <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: 			Date: <b>April 7, 2005</b> Daytime Phone: <b>310-571-4345</b>		

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**COMMONWEALTH PALM COAST CORPORATION**  
**2005 For Profit Corporation**  
**Amended Annual Report**

**10. Additional Officers**

VP

Peter R. O'Keeffe  
11777 San Vicente Blvd., Suite 900  
Los Angeles, CA 90049

VP

Kerri A. O'Neill  
11777 San Vicente Blvd., Suite 900  
Los Angeles, CA 90049

VP/AS

Salve A. Pennya  
11777 San Vicente Blvd., Suite 900  
Los Angeles, CA 90049

P

Bleecker P. Seaman III  
11777 San Vicente Blvd., Suite 900  
Los Angeles, CA 90049

VP/T

Steven P. Towle  
11777 San Vicente Blvd., Suite 900  
Los Angeles, CA 90049



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 303375 5041389

AUTHORIZATION

*Patricia Pajuto*

COST LIMIT : \$ 61.25

ORDER DATE : April 7, 2005

ORDER TIME : 10:46 AM

ORDER NO. : 303375-005

CUSTOMER NO: 5041389

CUSTOMER: Ms. Leanne Larsen  
Lowe Enterprises, Inc.  
Suite 900  
11777 San Vicente Blvd.  
Los Angeles, CA 90049

ANNUAL REPORT FILING

NAME: COMMONWEALTH PALM COAST  
CORPORATION

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

           CERTIFIED COPY  
XX            PLAIN STAMPED COPY  
           CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - Ext. 2935

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
05 APR - 8 PM 12:40  
TALLAHASSEE, FLORIDA