FILED Apr 21, 2000 8:00 am Secretary of State

04-21-2000 90130 019 ***150.00

DOCUMENT # H48023

1. Entity Name

WALDEN WOODS OF SUGARMILL, INC.

Principal Place of Business

Mailing Address

6 ROBERT MILE 0455 S. SUNCE 10MOSASSA FI 2. Principal PI 7162	OAST BLVD.	* ROBERT MILLER 10455 S. SUNCOAST BLVD. HOMOSASSA FL 34446-5039 3. Mailing Address 7/62 W WALDEN WOOD OR									
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					DO NOT W	VRITE ∜N	THIS SP	ACE	~
City & State SASSA, FL		City & State Homosassa	HOMOSASSA, FL		4. FEI	Number	59-25389	943		-+-	oplied For ot Applicable
Zip 3444	Country Country	34446	Country		5. Cer	tificate of St	atus Desire	d [3.75 Add e Require	
	6. Name and Address of Current	Registered Agent			7. Nan	ne and Add	ress of Nev	v Regist	ered Ag	ent	
8889 SUITI	TER, STEPHEN R D PELICAN BAY BLVD. E 400		Street A	Address (P.	O. Box	Number is N	lot Accepta	ible)			
NAPL	LES FL 34108		City						FL	Zip Cod	е
SIGNATURE _ 9. This corpo Tax filing re	named entity submits this statement for signature, typed or printed name of registered agent praction is eligible to satisfy its Intangible equirement and elects to do so.	and title if applicable. (NOTE FILE NOW! After MAY 1, 20	E. Registered Agent signa	ture required w .00 550.00	when reinsta	ating)		Financin	DATE		0 May Be
11.	ria on back) OFFICERS AND	Make Check Payab	12.	n or State		TIONS/CHA	NGES TO C	DEFICER:	SANDD	IRECTOR:	S IN 11
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PCEO PILGRIM, MICHAEL J 1000 BALLPARK WAY, SUITE 21 ARLINGTON TX 76011	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	PILG 2000 ARLIM	RIM DEA		AFL .		5	₫ Change	Addition
TITLE NAME Street address City-St-Zip		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	TEIN 2000 ARLIN	JERT V ČA	r, MAI IST LAI U, TX	RK J MAR B 76006	LVÕ		□ Change & 29 &	⊠ Addition
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13. 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 of execute his 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 activess with a other like impowered.

SIGNATURE:

ED NAME OF SIGNING OFFICER OR DIRECTOR

MARK J. TEWERT 4-17-00