FILED

CR2E034 (9/01

2002 Uniform Business Report (UBR)

Apr 12, 2002 8:00 am Secretary of State J20149 DOCUMENT # 1. Entity Name 04-12-2002 90002 020 ***150 00 KEENAN PROPERTIES, INC. Principal Place of Business Mailing Address 1900 W COMMERCIAL BLVD. SUITE 200 1900 W COMMERCIAL BLVD. SUITE 200 FT. LAUDERDALE FL 33309-3018 FT. LAUDERDALE FL 33309-3018 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For City & State 65-0001897 Not Applicable Zip Country Zip Country \$8,75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BOYLE, CONRAD J., ESQ Street Address (P.O. Box Number is Not Acceptable) 500 E. BROWARD BLVD. STE 1950 FT. LAUDERDALE FL 33394 Zip Code City FL 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. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After May 1, 2002 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. ☐ Change ☐ Addition TITLE TITLE STD ☐ Delete KEENAN, WILLIAM NAME NAME 1900 W. COMMERCIAL BLVD., STE 200 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33309 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE VPD TITLE NAME NAME CHYNOWETH, DALE STREET ADDRESS 1900 W. COMMERCIAL BLVD., STE 200 STREET ADDRESS CITY-ST-7IP CITY-ST-7IP FORT LAUDERDALE FL 33309 ☐ Addition ☐ Change ___Delete TITLE KEENAN, ROBERT D NAME NAME STREET ADDRESS STREET ADDRESS 1900 W. COMMERCIAL BLVD., STE 200 CITY-ST-ZIP FORT LAUDERDAILE FL 33309 CITY-ST-ZIP ☐ Addition TITLE ☐ Change ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITI F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if

SIGNATURE:



changed, or on an attachment with an address, with all other like empowered.