2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

Mar 22, 2004 8:00 am **Secretary of State** DOCUMENT # J20149 1. Entity Name 03-22-2004 90057 028 ***150.00 KEENAN PROPERTIES, INC. Principal Place of Business Mailing Address 1900 W COMMERCIAL BLVD, SUITE 200 FT. LAUDERDALE FL 33309-3018 1900 W COMMERCIAL BLVD, SUITE 200 74000060 FT. LAUDERDALE FL 33309-3018 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0001897 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name 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 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, typed or printed name of registered agent and title if applicable, DATE (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees-Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. STD ☐ Addition TITLE ☐ Delete Change TITLE KEENAN, WILLIAM NAME NAME STREET ADDRESS 1900 W. COMMERCIAL BLVD., STE 200 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP VPD TITLE ☐ Delete Addition Change | TITLE CHYNOWETH, DALE NAME NAME 1900 W. COMMERCIAL BLVD., STE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP -FORT LAUDERDALE FL 33309 CITY-ST-ZIP ☐ Delete Change Addition NAME KEENAN, ROBERT D NAME STREET ADDRESS 1900 W. COMMERCIAL BLVD., STE 200 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33309 CITY-ST-ZIP TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete TITLE ☐ Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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.

CITY-ST-ZIP

SIGNATURE:

CITY-ST-7IP

D NAME OF SIGNING OFFICER OR DIRECTOR

FILED

Daytime Phone #