FOR PROFIT CORPORATION YENDED UNIFORM BUSINESS REPORT (UBR)

SIGNATURE:

FILED DOCUMENT # 044023 1. Entity Name 03 JUL 31 AM 10: 57 Momingside R.V. Estates, INC SECRETARY OF STATE TALLAHASSEE, FLORIDA DO NOT WRITE IN THIS SPACE 400022294134 2. Principal Place of Business 08/14/03--01002--004 **61.25 12645 2645 Morning Aliv Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of Current Registered Agent DO NOT WRITE IN THIS SPACE 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. Lam familiar with, and accept the obligations of registered agent (NOTE: Flagistered Agent signature required when reinstating) January 1 - May 1 Fee is \$150.00 **After May 1, Fee is \$550.00 9. Election Campaign Financing \$5.00 May Be Amended UBR is \$61.25 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. TITLE TO THE TIME TITLE President CR2E034B (12/02 NAME Frederick G. McGillian STREET ADDRESS 12645 morning De Lot 123 STREET ADDRESS CITY SI-ZIP CTTY - ST - ZIP TITLE NAME TITLE Vice - President NAME 37615 Bircherest Lane STREET ADDRESS STREET ADDRESS CITY-ST-ZIP Zepnychills FL 33541 CITY ST ZIP TITLE VALUE AS TITLE Serretary NAMI . NAME Runald H. Friend STREET ADDRESS Birchcrest lane STREET ADDRESS 7615 DO NOT WRITE CITY, ST. ZIP, 3% CITY-\$1 - 24P conychills Treasurer TITLE TITLE IN THIS SPACE Frederick G. McGillian NAME NAVE STREET ADDRESS 12645 MORNING BL LOT 123 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE (* * %) TITLE MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY ST-ZIP NAMES A THE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling does not qualify for the examption 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 on an attachment with an address, with all other like empowered.

Daylime Phone #