2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

Amended

FILED

04 JUN 24 PM 4:26

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K02339

1. Entity Name
PERSHING OAKS APARTMENTS, INC.

Principal Place of Business	Mailing Address
SCHUBERT, PETER 4439-6 HECTOR CTR ORLANDO, FL 32822 US	SCHUBERT, PETER 4439-6 HECTOR CTR ORLANDO, FL 32822 US

2. Principal Place of Business	3. Mailing Address
4439-6 HECTOR COURT	1600 EAST ROBINSON ST.
Suite, Apt. #, etc.: APT 6	Suite, Apt. #, etc.: SUITE 400
City & State: ORLANDO, FLORIDA	City & State: ORLANDO, FLORIDA
Zip: 32822 Country: U.S.A	Zip: 32803 Country: U.S.A.

06162004 Chg-P CR2E034 (10/03)

4. FEI Number: 59-2857774 — Applied For / Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
ROSS, DONALD 8661 CHICKASAW FARMS RD ORLANDO, FL 32825	Name: MARIO A. GARCIA, P.A Street Address (P.O. Box Number is Not Acceptable): ONE SOUTH ORANGE AVENUE SUITE 401 City: ORLANDO FL Zip Code: 32801

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: _____ 6/23/04
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Amended AR is $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PDST ROSS, DONALD E 8661 CHICKASAW FARMS LANE ORLANDO, FL 32825 ☒ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CAMACHO, JOSE / DIRECTOR 1600 EAST ROBINSON STREET. STE 400 ORLANDO, FL 32803 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRISAFI ESTEFANO / DIRECTOR 1600 EAST ROBINSON STREET. STE 400 ORLANDO, FLORIDA 32803 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLARETTI CLAUDIO / DIRECTOR 1600 EAST ROBINSON STREET. STE 400 ORLANDO, FLORIDA 32803 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	MAGNO AURELIO / DIRECTOR 1600 EAST ROBINSON STREET. STE 400 ORLANDO, FLORIDA 32803 ☐ Change ☒ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800038288968 06/25/04--01073--008 **70.00 ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ 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: _____ 6/23/04 (407) 622-1660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

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