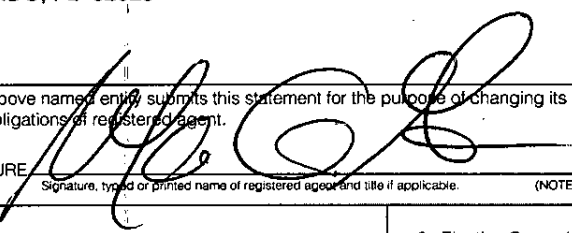
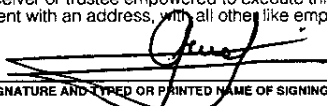


2004 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

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 SCHUBERT, PETER 4439-6 HECTOR CTR ORLANDO, FL 32822 US		Mailing Address SCHUBERT, PETER 4439-6 HECTOR CTR ORLANDO, FL 32822 US	
2. Principal Place of Business 4439-6 HECTOR COURT Suite, Apt. #, etc. APT 6 City & State ORLANDO, FLORIDA Zip 32822 Country U.S.A.		3. Mailing Address 1600 EAST ROBINSON ST. Suite, Apt. #, etc. SUITE 400 City & State ORLANDO, FLORIDA Zip 32803 Country U.S.A.	
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 ROSS, DONALD 8661 CHICKASAW FARMS RD ORLANDO, FL 32825		7. Name and Address of New Registered Agent 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  DATE 6/23/04 (NOTE: Registered Agent signature required when reinstating)			
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	CANAHO, JOSE / DIRECTOR ☐ Change ☒ Addition 1600 EAST ROBINSON STREET. STE 400 ORLANDO, FL 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CRISAFI ESTEFANO / DIRECTOR ☐ Change ☒ Addition 1600 EAST ROBINSON STREET. STE 400 ORLANDO, FLORIDA 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	CLARETTI CLAUDIO / DIRECTOR ☐ Change ☒ Addition 1600 EAST ROBINSON STREET. STE 400 ORLANDO, FLORIDA 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	HAGNO AURELIO / DIRECTOR ☐ Change ☒ Addition 1600 EAST ROBINSON STREET. STE 400 ORLANDO, FLORIDA 32803
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	800038288968 06/25/04--01073--008 **70.00
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 Date Daytime Phone #	