2001 UNIFORM BUSINESS REPORT (UBR) **DOCUMENT #** 1. Entity Name Catalina Real Estate Trust, Inc. 01 JUL 11 PM 4: 17 Principal Place of Business Mailing Address SECRETARY OF STATE TALLAHASSEE, FLORIDA 18191 NW 68th Avenue 18191 NW 68th Avenue Miami, Florida 33015 Miami, Florida 33015 Principal Place of Business 18191 NW 68th Avenue 3. Mailing Address 2615 NW 5th Place Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State Miami, Florida City & State FEI Number 650066334 Applied For Gainesville, Florida Not Applicable Zip 33015 Country Zip Country \$8.75 Additional 5. Certificate of Status Desired USA 32607 USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name Janet P. Aisltock Street Address (P.Q. Box Number is Not Acceptable) 2015 NW 5th Place 2615 NW 5th Place Gainesville,/Florida 32607 Cay Gainesville 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) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible After MAY 1, 2001 Fee will be \$550.00 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) 11. OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 Deteta TITLE TITLE Change ■ Addition Dean Rappaport 18191 NW 68th Avenue NAME NAME STREET ADDRESS STREET ADDRESS Miami, Florida 33015 CITY-ST-ZIP CITY-ST-ZIP 🔪 🔲 Delete TITLE TITLE PD Change ☐ Addition NAME NAME Robert Hersh 18191 NW 68th Avenue Miami, Florida 33015 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP VST TILE C Delete TITLE ☐ Change ☐ Addition Thomas Bluth NAME NAME 700004469907 18191 NW 68th Avenue Miami, FLorida 33015 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TM F Change ☐ Addition ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE ☐ Delete (1) Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling 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 changed, or on an attachment within address, with all other like empowered.

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E AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: _



ACCOUNT NO. : 072100000032

REFERENCE : 217216 4307875

AUTHORIZATION :

Patricia Perit

COST LIMIT : \$ 558.75

ORDER DATE : July 11, 2001

ORDER TIME : 1:56 PM

ORDER NO. : 217216-005

CUSTOMER NO: 4307875

CUSTOMER: Ms. Kathleen Warin

Gibson Dunn & Crutcher Llp 1050 Connecticut Avenue, N.w.

Suite 900

Washington, DC 20036

ANNUAL REPORT FILING

NAME: CATALINA REAL ESTATE TRUST,

INC.

XX _ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder-EXT#1118

EXAMINER'S INITIALS: