2001 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2001 8:00 am Secretary of State **DOCUMENT # K44639** PORT ROYAL PROPERTIES, INC. 04-26-2001 90224 025 ***150.00 Principal Place of Business Mailing Address C/O ANTHONY J. CATALANO 4200 GULF SHORE BLVD, N 4200 GULF SHORE BLVD. N. NAPLES FL 34103 NAPLES FL 34103 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0082115 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CATALANO, ANTHONY J. Street Address (P.O. Box Number is Not Acceptable) 4001 TAMIAMI TRIAL N SUITE 404 NAPLES FL 34103 Zip Code F 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State OFFICERS AND DIRECTORS 11. 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE ☐ Addition Change LUTGERT, SCOTT F. NAME NAME STREET ADDRESS 4200 GULF SHORE BLVD. N. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL vpsd ☐ Delete TITLE TITLE ☐ Addition Change RICHARD J BAKER NAME NAME STREET ADDRESS 4200 GULF SHORE BLVD N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE ☐ Delete TITLE ☐ Change Addition HOWARD B GUTMAN NAME NAME STREET ADDRESS 4200 GULF SHORE BLVD N STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME MAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Change Addition NAME NAME STREET ADDRESS STREET ADDRESS

13. 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 fue 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 with an acting with all of his like empowered.

CITY-ST-7IP

SIGNATURE:

HOWARD B. GUTMAN

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/01

(941) 261-6100

CR2E034 (10/00)

Dayt:me Phone #