2005 LIMITED LIABILITY COMPANY

May 02, 2005 8:00 am Secretary of State ANNUAL REPORT 05-02-2005 90365 023 ****50.00 **DOCUMENT # L01000020419** 1. Entity Name HEARTWOOD 2, LLC 14012928 Principal Place of Business Mailing Address -1750 EAST-SUNRISE BLVD. 1750 EAST SUNRISE BLVD. FORT LAUDERDALE, FL - 33304 FORT LAUDERDALE, FL 33304 2. Principal Place of Business 3. Mailing Address 2100 West Cypress Creek Rd. 2100 West Cypress Creek Rd Suite, Apt. #, etc. Suite, Apt. #, etc. 04152005 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number Fort La<u>uderdale, FL</u> 30-0147726 Not Applicable Fort Lauderdale, FL\$5.00 Additional Zip 33309 5. Certificate of Status Desired 33309 Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent DAUGHERTY, ST. JOHN Street Address (P.O. Box Number is Not Acceptable) 2100 West Cypress Creek Road 1750 EAST SUNRISE BLVD FORT-LAUDERDALE, FL 33304 Zip Code 33309 Fort Lauderdale, 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. am familiar with, and accept the obligations of register baeni St. John Daugherty SIGNATURE (NOTE: Registered Agent signature required w Make check payable to Filing Fee is \$50.00 Due by May 1, 2005 Florida Department of State ADDITIONS/CHANGES MANAGING MEMBERS/MANAGERS 10. 9. MGR Change ☐ Addition TITLE TITLE LEVAN, ALAN NAME NAME 2100 West Cypress Creek Road STREET ADDRESS STREET ADDRESS -1750 EAST-SUNRISE BLVD: Fort Lauderdale, FL CITY-ST-ZIP CITY-ST-ZIP FORT LAUDERDALE, FL 33304 Change MGR ☐ Detete ☐ Addition TITLE TITLE NAME WHITE, JAMES NAME 2100 West Cypress Creek Road STREET ADDRESS 1760 EAST SUNRISE BLVD. STREET ADDRESS CITY-ST-ZIP Fort Lauderdale, FL 33309 CITY-ST-ZIP FORT LAUDERDALE, FL 33304 ☐ Change ■ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ASSORESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change ■ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 accurate and hat my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the liver or tructed empoyered to execute this report as required by Chapter 608, Florida Statutes. 11. I hereby certify that the information indicated on this report is true and limited liability company or the rec

James White, Manager

MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

SIGNATURE: SIGNATURE AND TYPED OF PRINTED NAME OF SA

4/25/05

Date

954-760-5000

Daytime Phone #

FILED