LIMITED LIABILITY COMPANY **UNIFORM BUSINESS REPORT (UBR)**

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # L02000023111 04-26-2004 90051 023 ****50.00 1. Entity Name SKY LOFTS OF WINTER PARK, LLC DO NOT WRITE IN THIS SPACE 24054328 3. Mailing Address 2. Principal Place of Business 875 Concourse Parkway SAME Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite 150 City & State City & State 4. FEI Number Applied For Maitland, FL 20-0716162 Not Applicable Zip Country Country \$5.00 Additional 5. Certificate of Status Desired Fee Required 32751 7. Name and Address of Current Registered Agent Thomas R Burns, Esq. DO NOT WRITE Street Address (P.O. Box Number is Not Acceptable) . 875 Confcourse Parkay S, Suite 150 IN THIS SPACE Zip Code 32751 8. The above named entity submite 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. 3/16/04 SIGNATURE FEE IS \$50.00 Make Check Payable to Florida Department of State DUE BY MAY 1 MANAGING MEMBERS/MANAGERS 9: (12/02)TITLE TITLE Manager NAME NAME Alan H. Ginsburg STREET ADDRESS STREET ADDRESS CR2E083B 875 Concourse Parkway S, Suite 150 CITY-ST-ZIP CITY-ST-ZIP Maitland, FL 32751 TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS DO NOT WRITE CITY-ST-ZIP > * CITY-ST-ZIP TITLE? IN THIS SPACE TITLE NAME . NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 11. I hereby certify that the information supplied with this fling 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 is true and accurate and that r limited liability company or the receiver or trustee employers. signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the vered to execute this report as required by Chapter 608, Florida Statutes. SIGNATURE: ____

FILED