2003 LIMITED LIABILITY COMPANY UNIFORM BUSINESS REPORT (UBR)

Mar 26, 2003 8:00 am Secretary of State 3/1 DOCUMENT # L02000027532 03-10-2003 90028 017 ****50.00 1. Entity Name PRESERVE PROPERTIES, LLC Mailing Address Principal Place of Business 101 EAST KENNEDY BLVD., STE. 2000 101 EAST KENNEDY BLVD., STE. 2000 TAMPA FL 33602 TAMPA FL 33602 2. Principal Place of Business 3. Mailing Address 17W. Pennsylvania Ave 17 W. Pennsylvania Ave. Suite, Apt. #, etc. Suite 500 Suite, Apt. #, etc. M CHECK HERE IF MAKING CHANGES 500 Svite Applied For City & State City & State 4. FEI Number Not Applicable Towson \$5.00 Additional 5. Certificate of Status Desired みりあるり Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Naples Laudock, Inc. - BEDKE: MICHAEL: A == Street Address (P.O. Box Number is Not Acceptable) 4501 Tamlami Trail North PIPER RUDNICK LLP 101 EAST KENNEDY BLVD., STE. 2000 Suite 300 **TAMPA FL 33602** Naples 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 FILE NOW!!! FEE IS \$50.00 Make Check Payable to Florida Department of State Due By May 1, 2003 MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES Change DILE ☐ Delete TITLE Continutal Realty Investors Corp. NAME NAME 17 W. Pennsylvania Ave. STREET ADDRESS STREET ADORESS Towson, MD 21201 CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Celate TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Change TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition Change ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change TITLE ☐ Delete NAME NAME

11. 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 is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

CITY-ST-ZIP

MANAGING MEMIER, MANAGER, OR AUTHORIZED REPRESENTATIVE

STREET ADDRESS

CITY-ST-ZIP

William H. Kinnear Jr

FILED