Aug 16, 2004 8:00 am Secretary of State 2004 LIMITED LIABILITY COMPANY ANNUAL REPORT DOCUMENT # L03000002575 08-16-2004 90133 035 ****55.00 COURTNEY LANDING APARTMENTS LLC 44052065 Principal Place of Business Mailing Address 802 11TH ST. WEST 802 11TH ST. WEST BRADENTON, FL 34205 BRADENTON, FL 34205 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 08092004 Chg-LLC CR2E083 (10/03) Applied For City & State City & State 4. FEI Number -1146423 Not Applicable Zip Country Country Zip \$5.00 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BLALOCK, LANDERS, WALTERS & VOGLER, PA Street Address (P.O. Box Number is Not Acceptable) 802 11TH ST. WEST BRADENTON, FL 34205 City Zip Code FL 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE Make check payable to Filing Fee is \$50.00 Due by September 8, 2004 Florida Department of State MANAGING MEMBERS/MANAGERS 10. ADDITIONS/CHANGES 9. MGKM TITLE ☐ Defete TITLE Change ☐ Addition BERNARD H KAYDEN NAME NAME 10312 SHIREOAKS LANE STREET ADDRESS STREET ADDRESS BOCA RATON FL: 33498 CiTY-ST-7IP CITY-ST-ZIP HILDRED KAYDEN ☐ Defete TITLE Change Addition TITLE NAME NAME 10312 SHIREOAKS LANE STREET ADDRESS STREET ADDRESS FL. 33498 BOCA RATON CITY-ST-ZIP CITY-ST-ZIP JEROLD S. KAYDEN TO B. RAVINDRA RAD, CPA TO MAMARONECK AVE # HARRISON NY 1052 . Delete _ TITLE ____Change______ Addition TIT! F NAME NAME STREET ADDRESS STREET ADDRESS # 404 CITY-ST-ZIP CITY-ST-ZIP MGR K. LAHBER ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME TO B. RAVINDRA RAO, CPA 550 MAMARONECK AVE. # 404 HARRISON N.Y. 10528 STREET ADDRESS 404 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIE ☐ Change TITLE ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Delete ☐ Change ■ Addition TITLE NAME NAME

11. I hereby certify that the information supplied with this lifting 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 oath; that I am a managing member or manager of the limited liability company or the receiver of trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

STREET ADDRESS

SIGNATURE

STREET ADDRESS

ING MANAGING MEMBER, MANAGER, OR AUTHORIZED REPRESENTATIVE

FILED