2000 UNIFORM BUSINESS REPORT (UBR)

FILED DOCUMENT # L38267 May 16, 2000 8:00 am Secretary of State ATLANTIC GULF REALTY, INC. 05-16-2000 90164 001 ***150.00 Mailing Address Principal Place of Business LEGAL DEPT. 9TH FLOOR LEGAL DEPT. 9TH FLOOR 2601 S BAYSHORE DR 2601 S BAYSHORE DR MIAMI FL 33133-5417 MIAMI FL 33133-2461 3. Maiing Address 200 S. Biscayne Boulevard 2.4800 N. Federal Highway DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite 4900 Suite Apt. # etc. Suite 105E Applied For 4. FEI Number City & State City & State 65-0165036 Boca Raton, FL Not Applicable Miami, FL Zip Zip Country \$8.75 Additional Country 5. Certificate of Status Desired Fee Required 33431 33131 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name K. Lawrence Gragg GOLDMAN, JOEL K Street Address (P.O. Box Number is Not Acceptable) LEGL DEPT. 9TH FLOOR 2601 S BAYSHORE DR 200 S. Biscayne Blvd., Suite 4900 MIAMI FL 33133 Zip Code City Miami 22121 This pratement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. (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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change Addition XX Delete TITLE P/D TITLE NAME JEFFREY, THOMAS W. NAME Ackerman, Richard S. STREET ADDRESS STREET ADDRESS 2601 S. BAYSHORE DRIVE 4800 N. Federal Highway, Suite 105E CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Boca Raton, FL 33431 Addition ☐ Change TITLE TITLE XX Delete LAGUARDIA, JOHN NAME Gitlin, Gene NAME STREET ADDRESS 2601 S. BAYSHORE DRIVE STREET ADDRESS 4800 N. Federal Highway, Suite 105E CITY-ST-ZIE CITY-ST-ZIP Boca Raton, FL 33431 MIAMI FL 33133 ☐ Change Addition TITLE Delete TITLE FISCHER, JOHN H. NAME NAME 2601 S. BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-7IP Change ☐ Addition TITLE TITLE GOLDMAN, JOEL K. NAME NAME STREET ADDRESS STREET ADDRESS 2601 S BAYSHORE DR CITY-ST-ZIP CITY-ST-ZIP MIAMI FL XX Delete ☐ Change ☐ Addition TITLE ANNESS, LISA D. NAME STREET ADDRESS 2601 S. BAYSHORE DRIVE STREET ADDRESS CITY-ST-ZIP MIAMI FL CITY-ST-ZIP Change XXX Delete ☐ Addition TITLE TITLE GILLETTE, J. THOMAS NAME NAME 2601 S. BAYSHORE DRIVE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP MIAMI FL 33133

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 true 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 of 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 within address, with all other like empowered.

Richard S. Ackerman 4/30/00 561–395–9666

SIGNATURE:

NO TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dete

Daytime Phone #