FILE NOW: Fee after May 1, will be \$588.75

LIMITED LIABILITY COMPANY ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State FILED 1997 **DIVISION OF CORPORATIONS** 97 MAY -6 PM 1:50 Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee **FILING FEE** Make Check Payable To: FLORIDA DEPARTMENT OF STATE \$ 203.75 SECRETARY OF STATE Name and Mailing Address of Limited Liability Company **DOCUMENT #**L96000000589 THE WOODS-LAKE WORTH GP, L.C. 7575 DR PHILIPS BLVD 575 DR PHILIPS BLVD SUITE 230 SUITE 230 ORLANDO FL 32819 DRLANDO FL 32819 If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2a 2 Principal Place of Business 2a. Malling Address 3. Date Organized or Qualified 3a. State of Formation 05/28/1996 Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For City & State City & State Not Applicable 3. Certificate of Status Desired Ζφ Country Country Zıp 7. Name and Address of Current Registered Agent 8. Name and Address of New Registered Agent FENN, KON 7575 DR PHILIPS BLVD SUITE 230 DRIANDO FI 32819 Zip Code 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations SIGNATURE intment) (NOTE: Registered Agent signature required when reinstating) 10. Title Managing Members/Managers **Business Street Address** City, State and Zip Code HEARTHSTONE ADVISORS, MGR6830 VENTURA BLVD, SUITE ENCINO CA **HEARTHSTONE** Received JAN 27 1997 3000002178473 --01090--012 ******203.75

11. Edo hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3) (i), Florida Statutes. Hurther certify that the information Indicated on this annual 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 ligibility company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an with an address.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER

1997 FLORIDA LIMITED LIABILITY COMPANY ANNUAL REPORT

The Woods-Lake Worth, GP L.C., a Florida limited liability company

By: He

Hearthstone Advisors, Inc.

a California Corporation

Manager

By:

Mark Porath

Senior Vice President Finance

4/29/17

Phone: (818)

385-0005