SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

## 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

## **DOCUMENT # N06021**

SIGNATURE:

1. Entity Name
NEW HAMPTON AT CENTURY VILLAGE CONDOMINIUM



**FILED** Mar 10, 2008 08:00 A Secretary of State

| STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP TITLE NAME FRANKEL, HELEN STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP DElete TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   | #IV ASSO  |                                  |  |                          |   |  |                            |              |        |            |                        |                     |                              |                    |                  |             |                 |                 |
|---|---|----------------------------------|--|--------------------------|---|--|----------------------------|--------------|--------|------------|------------------------|---------------------|------------------------------|--------------------|------------------|-------------|-----------------|-----------------|
| Sulle, Apt. #, etc.    Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   Sulle, Apt. #, etc.   Applied For Sp-2812675   Sp. 2812675   No. Applied For Sp-2812675   Sp. 2812675   No. Applied For Sp-2812675   Sp. 2812675   No. Applied For Sp. 2812675   Sp. 2812675   No. Applied For Sp. 2812675   Sp. 2812675   No. Applied For Sp. 2812675   No. Applied Fo  | MIELE BROTHERS MANAGEMENT<br>2045 SW 127TH AVE. |                                  |  |                          | MIELE BROTHERS MANAGEMENT<br>2045 SW 127TH AVE. |  |                            |              |        | <br>       | ! <b>33</b> # <b>3</b> | E)     <b>  1.5</b> | (1 <b>58</b> ) (1 <b>8</b> ) | 91911 <b>819</b> 1 | ) <b>(1) (1)</b> |             | 9 jaga <b>s</b> | <b>] (111</b> ) |
| City & State    City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   City & State   Security  | 2. Principal F                                  | lace of Busin                    | ness - No P.O. Box #                                     | 3. Ma                    | 3. Mailing Address                              |  |                            |              |        |            |                        |                     |                              |                    |                  |             |                 |                 |
| Section   Sect  | Suite, Apt.                                     | #, etc.                          |  | Sı                       | Suite, Apt. #, etc.                             |  |                            |              | 011    | 02008      | CI                     | ng-NP               |                              | CR2                | E037             | (12/06)     |                 |                 |
| S. Name and Address of Current Registered Agent  7. Name and Address of New Registered Agent  Name  Name  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  8. The above named entity submiss his statement for the purpose of changing its registered office or registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the obligations of registered agent, or both, in the State of Forigit. I am familiar with, and accept the familiar with accept the familiar with accept th  | City & Stat                                     | te                               |  | C                        | City & State                                    |  |                            |              |        |            |                        | 5                   |                              |                    |                  | <del></del> | <del>``</del>   |                 |
| Name  | Zip   |                                  | Country  | Zi                       | p   | untry  |                            |              |        |            |                        |                     |                              |                    |                  |             |                 |                 |
| MIELE BROTHERS MANAGEMENT 2045 SW 127TH AVE.  DAVIE, FL 33325  Street Address (P.O. Box Number is Not Acceptable)  City  FL  Zip Code  City  City  FL  Addition  City  C  |   | 6. Name                          | and Address of Curren                                    | t Register               | ed Agent  |  |                            | 7.           | . N    | ame and    | Add                    | ress of             | New R                        | egistere           | d Ag             | ent         |                 |                 |
| Street Address (P.O. Box Number is Not Acceptable)  | MIELERR   | OTHERS                           | MANAGEMENT   |                          |   |  | Name                       |              |        |            |                        |                     |                              |                    |                  |             |                 |                 |
| B. The above named entity submits this statement for the purpose of changing its registered affice or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE    December   Priling Foo is \$61.25   December   Priling Foo is | 2045 SW   | 127TH AV                         |  |                          |   | Street Address (P.O. Box Number is Not Acceptable) |                            |              |        |            |                        |                     |                              |                    |                  |             |                 |                 |
| 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 collipations of registered agent.    SIGNATURE   |   |                                  |  |                          |   |  | City                       |              |        |            |                        |                     |                              |                    | <br>:1           | Zip Co      | de              |                 |
| SIGNATURE    Signature   Signa  | B. The shave                                    | named ontit                      | v autorita thia atatament f                              | for the outer            | of changing its                                 | 500-1-104  | ad affice as sociate       |              |        | at as ba   | dh in                  | the Ctat            | of Cla                       |                    |                  | milion with |                 |                 |
| Filling Foe is \$61.25  |   |                                  |  | or the purp              | ose of changing its                             | register   | ea arrice or registe       | rea a        | age    | ent, or bo | ım, in                 | ine Stati           | OFFID                        | nda, 1a            | ım tai           | miliar with | , ano           | accept          |
| Filling Foe is \$61.25  | · ·   | _                                | •  |                          |   |  |                            |              |        |            |                        |                     |                              |                    |                  |             |                 | 1               |
| Pilling Foe is \$81.25 Due by May 1, 2008  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS  11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN TO  TITE NAME LISKE, SILVIA LISKE, SILVIA SIRET ADDRESS CITY-ST-2IP DAVIE, FL 33325  CITY-ST-2IP  TITLE NAME SIRRET ADDRESS CITY-ST-2IP  Change   Addition NAME SIRRET ADDRESS CITY-ST-2IP  TITLE NAME SIRRET ADDRESS CITY-ST-2IP  TITLE NAME SIRRET ADDRESS CITY-ST-2IP  Change   Addition NAME SIRRET ADDRESS CITY-ST-2IP  TITLE NAME SIRRET ADDRESS CITY-ST-2IP  TO Change   Addition NA   | SIGNATURE .                                     |                                  |  |                          |   |  |                            |              |        |            |                        | _                   |                              |                    |                  |             | _               | }               |
| 10.   |   | Signature, typed                 | or printed name of registered ager                       | n and title I app        | plicable. (NOTE                                 | : Registere  | d Agent signature required | d when       | ri rek | rstating)  |                        |                     | •                            | DAT                | E                |             |                 | _               |
| 10.   |   |                                  |  |                          |   |  |                            | <b>CE 00</b> |        |            |                        |                     |                              |                    |                  |             |                 |                 |
| 10. OFFICERS AND DIRECTORS  |   | _                                |  |                          |   |  |                            |              |        |            |                        |                     |                              |                    | -                | •           |                 |                 |
| TITLE   D   Delete   TITLE   QUOCOGSS5280   Change   Addition   NAME   LISKE, SILVIA   STRETADORESS   OJA/27/08-80041-003 61.25   STRETADORESS   DAVIE, FL 33325   OTY-ST-2P   TITLE   PD   Delete   TITLE   Change   Addition   NAME   RICHMAN, MARION   MARION   STRETADORESS   CITY-ST-2P   DAVIE, FL 33325   CITY-ST-2P   TITLE   TD   Delete   TITLE   DAVIE, FL 33325   TITLE   TD   Delete   TITLE   Delete   TITLE   NAME   STRETADORESS   CITY-ST-2P   TITLE   TD   Delete   TITLE   DAVIE, FL 33325   TITLE   SD   Delete   TITLE   DAVIE, FL 33325   TITLE   SD   DELETE   DAVIE, FL 33325   TITLE   DAVIE, FL 33325   CITY-ST-2P   TITLE   DELETE   DELETE   DELETE   DAVIE, FL 33325   TITLE   DAVIE, FL 33325   CITY-ST-2P   TITLE   DAVIE, FL 33325   CITY-ST-2P   TITLE   DAVIE, FL 33325   CITY-ST-2P   TITLE   DELETE   DELETE   DELETE   DAVIE, FL 33325   TITLE   DAVIE, FL 33325   CITY-ST-2P   TITLE   DAVIE, FL 33325   CITY-ST-2P   TITLE   DELETE   DELETE   DELETE   DAVIE, FL 33325   TITLE   DAVIE, FL 33325   CITY-ST-2P   TITLE   DELETE   DELETE   DAVIE, FL 33325   TITLE   DAVIE, FL 33325   CITY-ST-2P   TITLE   DELETE   DAVIE, FL 33325   CITY-ST-2P   TITLE   DELETE   DAVIE, FL 33325   CITY-ST-2P   TITLE  | 10  |                                  |  | IDECTORS                 |   | 144  |                            |              |        |            | i                      | e to o              | CEICE                        | OC AND             | DIDE             | CTORE       | 110             | ——-             |
| NAME SIRET ADDRESS CITY-ST-ZIP  DAVIE, FL 33325  TITLE PD RICHMAN, MARION SIRET ADDRESS CITY-ST-ZIP NAME RICHMAN, MARION SIRET ADDRESS CITY-ST-ZIP  NAME FRANKEL, HELEN SIRET ADDRESS CITY-ST-ZIP NAME SIRET ADDRESS CITY-ST-ZIP NAME SIRET ADDRESS CITY-ST-ZIP  TITLE SD DAVIE, FL 33325  TITLE NAME SIRET ADDRESS CITY-ST-ZIP  TITLE SD DAVIE, FL 33325  TITLE NAME SIRET ADDRESS CITY-ST-ZIP  TITLE NAME SIRET ADDRESS CI  |   | D                                | OTTIOCIS ATOD  | INLOTONS                 |   |  |                            | ADU          | // I K | J1457 CF1  | ANGI                   |                     |                              |                    |                  |             |                 | Addition        |
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| TITLE PD Delete RICHMAN, MARION STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE NAME STREET ADDRESS CITY-ST-ZIP DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE NAME STREET ADDRESS CITY-ST-ZIP DELETE NAME STREET ADDRESS CITY-ST-ZIP DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TIT  |   |                                  |  |                          |   | - 1  | 03/21/08-80041-003         |              |        |            |                        |                     | 3 BI.                        | 25                 | }                |             |                 |                 |
| RICHMAN, MARION SIRET ADDRESS CITY-ST-ZIP DAVIE, FL 33325  TITLE TO   | CITY-ST-ZIP                                     | DAVIE, FL                        | L 33325  |                          |   | CITY   | -ST-21P                    |              |        |            |                        |                     |                              |                    |                  |             |                 | (               |
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| CITY-ST-ZIP  DAVIE, FL 33325  CITY-ST-ZIP  TITLE  TD  | NAME  |                                  |  |                          |   | NAM  | E [                        | _            |        |            |                        |                     |                              | _                  |                  |             |                 |                 |
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| RAME STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP  TITLE SD DAVIE, FL 33325 CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP  TITLE Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS   |   |                                  | _ 33325  |                          | <u> </u>  | CTTY   | -ST-ZIP                    |              |        |            |                        |                     |                              |                    |                  |             |                 |                 |
| STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP TITLE SD WEISBERG, ADELE STREET ADDRESS CITY-ST-ZIP TITLE DAVIE, FL 33325 CITY-ST-ZIP TITLE DAVIE, FL 33325 CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   | _                                | 1451 551   |                          | Delete  |  | ſ                          |              |        |            |                        |                     |                              |                    |                  | Change      |                 | Addition        |
| CITY-ST-ZIP  DAVIE, FL 33325  CITY-ST-ZIP  Delete  TITLE  NAME  VEISBERG, ADELE  2045 SW 127TH AVE.  CITY-ST-ZIP  DAVIE, FL 33325  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME   |   |                                  | •  |                          |   |  |                            |              |        |            |                        |                     |                              |                    |                  |             |                 | 1               |
| TITLE SD Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP  TI  |   |                                  |  |                          |   |  |                            |              |        |            |                        |                     |                              |                    |                  |             |                 | }               |
| NAME STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33325  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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 617, Florida Statutes and that my name appears in Block 10 or Block 11 if  | <del></del> _                                   |                                  |  | <del></del>              | [] Polisio                                      | -  |                            |              |        |            |                        |                     |                              |                    | <u>-</u>         | 7 Channa    |                 | Addition        |
| STREET ADDRESS CITY-ST-ZIP DAVIE, FL 33325 CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if  | NAME  |                                  | RG. ADELE  |                          | L.J. Dexele                                     | •  | - 1                        |              |        |            |                        |                     |                              |                    | Ŀ                | unange      | Ц               | Augition        |
| TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  CITY-ST-ZIP  TITLE  Delete  TITLE  Delete  TITLE  Delete  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  | STREET ADDRESS                                  | 2045 SW                          | 127TH AVE.   |                          |   | STRE   | ET ADDRESS                 |              |        |            |                        |                     |                              |                    |                  |             |                 |                 |
| NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  TITLE NAME STREET ADDRESS CITY-ST-ZIP  1. hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. 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 outh; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if  | CITY-ST-ZIP                                     | DAVIE, FL                        | 33325  |                          |   | CITY-  | -ST-ZIP                    |              |        |            |                        |                     |                              |                    |                  |             |                 | ł               |
| STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  TITLE  NAME STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if  | TITLE   |                                  |  |                          | ☐ Delete  | MILE   |                            |              | _      |            |                        |                     |                              |                    | Ę                | Change      |                 | Addition        |
| CITY-ST-ZIP  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chepter 119, 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if   | NAME  |                                  |  |                          |   |  | i                          |              |        |            |                        |                     |                              |                    |                  |             |                 | į               |
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| STREET ADDRESS  CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if   | TITLE   |                                  |  |                          | Delete  |  |                            |              |        |            |                        |                     |                              |                    | ב                | Change      |                 | Addition        |
| CITY-ST-ZIP  12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if   |   |                                  |  |                          |   |  |                            |              |        |            |                        |                     |                              |                    |                  |             |                 |                 |
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| 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 or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if  |   | ertify that the                  | information cumplied with                                | h thie filing            | does not qualify for                            |  |                            | in C         | The s  | ntor 110   | Elect                  | do Ctot             | toc 14                       | utho- c            | nelf.            | that the    |                 |                 |
|   | of the corp                                     | on this report<br>poration or th | t or supplemental report i<br>le receiver or trustee emp | s true and<br>lowered to | accurate and that me<br>execute this report a   | v sianat   | ure shall have the :       | same         | e le   | gal effec  | t as it                | made u              | nder oa                      | ath: that          | l am             | an officer  | r or di         | rector 1        |

3-4-08

Daytime Phone #