DOCUMENT # N99000003035

1. Entity Name

WILDFLOWBROOK II

FILED
Jul 23, 2001 8:00 am
Secretary of State
07-23-2001 90001 034 ****61.25

Principal Place of Business	Mailing Address
Prime Management 9400 Gladiolus Drive Suite 100 Fort Myers, FL 33908	Prime Management 9400 Gladiolus Drive Suite 100 Fort Myers, FL 33908

2. Principal Place of Business	3. Mailing Address
Prime Management 9400 Gladiolus Drive Suite 100 Fort Myers, FL 33908	Prime Management 9400 Gladiolus Drive Suite 100 Fort Myers, FL 33908

DO NOT WRITE IN THIS SPACE 400078817

4. FEI Number 65-0842955 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent	7. Name and Address of New Registered Agent
Prime Management 9400 Gladiolus Drive Suite 100 Fort Myers, FL 33908	Name: Arlene O'Neill (Street address (P.O. Box Number is Not Acceptable): c/o Prime Management, Inc 9400 Gladiolus Dr. Ste 100 City: Fort Myers, FL Zip Code: 33908

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.

SIGNATURE: Arlene O'Neill — 4/27/01
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	CLAUDIA A. HENNESSY PD 14550 DAFFODIL DRIVE #1004 FORT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ROBIN W. PERRY VPD 14500 DAFFODIL DRIVE #1103 FORT MYERS FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Mary Alice Fox SD 14500 Daffodil Drive #1102 Fort Myers, FL 33919	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP JUN 18 2001	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

12. 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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Claudia A. Hennessy
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

CR2E047 (10/00)