2004 FOR PROFIT CORPORATION

Apr 12, 2004 08:00 AN Secretary of State ANNUAL REPORT **DOCUMENT # P00000050388** MCMENAMY REALTY INC. Principal Place of Business Mailing Address 521 A1A BEACH BLVD 5150 PALM VALLEY RD SAINT AUGUSTINE, FL 32080 **STE 100** PONTE VEDRA BEACH, FL 32082 03132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 59-3649183 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent MCMENAMY, JOHN J. DO NOT WRITE 12412 SAN JOSE BLVD. #303 IN THIS SPACE JACKSONVILLE, FL 32223 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, typed or printed name of registered agent and title if applicable. (NOTE, Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Added to Fees Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 OFFICERS AND DIRECTORS 10. TITLE NAME MCMENAMY, JOHN 117 OLD MILL MCOURT STREET ADDRESS City-ST-ZP PONTE VEDRA BEACH, FL 32082 04/12/04-80062-009 150.00 717: F NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE MARKE STREET ADDRESS CITY-ST-ZIP MAME

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 607, 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: \

STREET ADORESS CITY-ST-ZIP TITLE

STREET ADDRESS CITY - ST - 719

FILED