FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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12/10/03--01022--028 **122.50

Amended

2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # P00000094622

1. Entity Name
SOUTHWOOD REAL ESTATE, INC.

Principal Place of Business	Mailing Address
245 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE, FL 32202 US	245 RIVERSIDE AVENUE SUITE 500--ATTN. LEGAL DEPT. JACKSONVILLE, FL 32202 US

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

☐ CHECK HERE IF MAKING CHANGES

4. FEI Number **59-3691559** ☐ Applied For ☐ Not Applicable

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

6. Name and Address of Current Registered Agent

MARX, CHRISTINE M
245 RIVERSIDE AVENUE
SUITE 500
JACKSONVILLE, FL 32202

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

City **FL** Zip Code

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 ______ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

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

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S PAINE, LAWRENCE 245 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE, FL 32202 ☒ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S Christine M. Marx 245 Riverside Ave #500 Jacksonville FL 32202 ☒ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP MOTTA, JAMES D 7900 GLADES ROAD SUITE 200 BOCA RATON, FL 33434 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP-Broker Christopher J. Drury 3255 Hemingway Blvd. Tallahassee, FL 32311 ☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVT REGAN, MICHAEL N 245 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE, FL 32202 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS WHITLATCH, SUSAN G 245 RIVERSIDE AVENUE SUITE 500 JACKSONVILLE, FL 32202 ☐ 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

CR2E034 (10/02)

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: Susan G. Whitlatch Asst. Secretary 11-24-2003 904/301-4460
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #