2004 FOR PROFIT CORPORATION **ANNUAL REPORT**

CITY-ST-ZIP

SIGNATURE:

Jan 26, 2004 08:00 AM **Secretary of State** DOCUMENT # P00000099693 1. Entity Name ARIEL HOMES OF TAMPA, INC. Principal Place of Business Mailing Address 5281 EHRLICH RD. 5281 EHRLICH RD. TAMPA, FL 33624 TAMPA, FL 33624 01132004 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE 4. FEI Number Applied For 59-3674436 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent QUINTELA, ARIEL J 5281 EHRLICH RD. DO NOT WRITE TAMPA, FL 33624 IN THIS SPACE 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2004 Fee will be \$550.00 Added to Fees 10, OFFICERS AND DIRECTORS PDS TITLE NAME QUINTELA, ARIEL J 5281 EHRLICH RD, STREET ADDRESS U00000013358 01/26/04-80050-015 150.00 CITY-ST-ZIP TAMPA, FL 33624 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP TITLE IN THIS SPACE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME: STREET ADDRESS

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 preceiver of true tee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if the preceiver of the corporation or an attagment with a diddress, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED