2005 FOR PROFIT CORPORATION

SIGNATURE AND TYPED OR PRINTED NAME

SIGNATURE:

Apr 28, 2005 8:00 am Secretary of State ANNUAL REPORT 04-28-2005 90191 009 ***150 00 DOCUMENT # P01000022963 BVH DEVELOPMENT-B, INC. 14004642 Principal Place of Business Mailing Address 1840 PHILLIPPI SHORES DR P.O. BOX 20708 SARASOTA, FL 34276 SARASOTA, FL 34231 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04182005 CR2E034 (10/03) Chg-P City & State City & State 4. FEI Number Applied For 65-1087233 Not Applicable Country Zip Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name SEIDER, WILLIAM M Street Address (P.O. Box Number is Not Acceptable) 200 SOUTH ORANGE AVENUE SARASOTA, FL 34235 City Zip Code FI 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 After May 1, 2005 Fee will be \$550.00 Trust Fund Contribution. Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 10. 11. DP TITLE Delete title Change ☐ Addition MORRIS, ROBERT A JR. NAME NAME STREET ADDRESS 1840 PHILLIPPI SHORES DRIVE STREET ADDRESS SARASOTA, FL 34231 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change X Addition TITLE THOMAS, DORA MARIA C 3665 BEE RIDGE RD CARRION, JAIME S MAME NAME 3665 BEE RIDGE ROAD SUITE 310 STREET ADDRESS STREET ADORESS SARASOTA, FL 34233 CITY-ST-2tP CITY-ST-ZIP SARASOTA, FL 34231 ☑ Defete TITLE ☐ Change Addition TITLE ST MCSWEENEY, ANINA C NAME NAME STREET ADDRESS 3665 BEE RIDGE ROAD STREET ADDRESS SARASOTA, FL 34233 CITY-ST-ZIP CITY -ST-ZIP TITLE ☐ Delete TITLE [] Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY - ST-ZIP Change ☐ Delete TITLE Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filling 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.

ROBERT A. MORRIS, JR.

PRES

OF SIGNING OFFICER OR DIRECT

941<u>-9</u>23<u>-6353</u>

04-25-05

FILED