2002 UNIFORM BUSINESS REPORT (UBR)

May 19, 2002 8:00 am Secretary of State P01000034169 DOCUMENT # 1. Entity Name 05-19-2002 90058 025 ***150.00 SUNLAND HOMES AT RIVER FOREST, INC. Principal Place of Business Mailing Address 6823 VISTA PARKWAY NORTH 6823 VISTA PARKWAY NORTH WEST PALM BEACH FL 33411 WEST PALM BEACH FL 33411 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For Not Applicable 65-1007553 Zip Country 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 Cheryl Y. Perry HALPERIN, ELEANOR B Street Address (P.O. Box Number is Not Acceptable) 6823 Vista Parkway North 1400 CENTREPARK BLVD, STE 1000 WEST PALM BEACH FL 33401 Zip Code 33411 City FL West Palm Beach submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 8. The above named except Cheryl Y. Perry, Registered Agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) registered agent and title if applicable DATE FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After May 1, 2002 Fee will be \$550.00 Trust Fund Contribution Added to Fees (See criteria on back) Make Check Payable to Department of State 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 P - T - DTITI F ☐ Delete TITLE XX Change ☐ Addition YOUNG, FRANK NAME NAME 6823 VISTA PARKWAY NORTH STREET ADDRESS STREET ADDRESS WEST PALM BEACH FL 33411 CITY-ST-ZIP CITY-ST-ZIP VP - S - D TITLE ☐ Delete TITLE ☐ Change ★★ Addition NAME NAME Hyman, Ronald STREET ADDRESS STREET ADDRESS 6823 Vista Parkway North CITY-ST-ZIP CITY-ST-ZIP West Palm Beach, FL 33411 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITI F Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED