2008 FOR PROFIT CORPORATION

TITLE

NAME

STREET ADDRESS

CITY-ST-7IP

Apr 23, 2008 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P01000087762** 04-23-2008 90040 020 ***150.00 1. Entity Name MESA MANAGER, INC. Principal Place of Business Mailing Address 7900 MIAMI LAKES DRIVE WEST 7900 MIAMI LAKES DRIVE WEST MIAMI LAKES, FL 33016-5897 MIAMI LAKES, FL 33016-5897 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 04022008 CR2E034 (12/06) Cha-P City & State City & State 4. FEI Number Applied For 65-1137024 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name BARTELMO, THOMAS 7900 MIAMI LAKES DRIVE WEST Street Address (P.O. Box Number is Not Acceptable) MIAMI LAKES, FL 33016-5897 City 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 FILE NOW!!! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 \$5.00 May Be Trust Fund Contribution. Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. CD TITLE ☐ Delete TITLE ☐ Change ☐ Addition KISLAK, JAY NAME NAME STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-SY-ZIP Delete TITS F rm F ☐ Change ☐ Addition BARTELMO, THOMAS NAME NAME STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP VΡ TITLE ☐ Delete TITLE ☐ Addition ☐ Channe LUBOW, CHERYL NAME NAME STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP **VPS** TITLE VPS ☐ Delete Change ☐ Addition Complo, Christy RODRIGUEZ, CHRISTY NAME NAME 7900 Miami Lakes Drive West STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS CITY-ST-7IP MIAMI LAKES, FL 33016 CITY-ST-7IP Miami Lakes, FL 33016 VΡ Delete TITLE TITLE ☐ Change ☐ Addition **BRAUN, STEPHEN** NAME NAME STREET ADDRESS 7900 MIAMI LAKES DRIVE WEST STREET ADDRESS CITY-ST-ZIP MIAMI LAKES, FL 33016 CITY-ST-ZIP

FILED

[] Change

☐ Addition

12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119, 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 charged, or on an attackment with an address, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Christy Complo, VPS 4 2 08 (305) 364-4101 NTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Delete