2003 FOR PROFIT CORPORATION

Apr 14, 2003 8:00 am Secretary of State UNIFORM BUSINESS REPORT (UBR 04-02-2003 90101 039 ***150.00 P02000045468 DOCUMENT # 1. Entity Name COURTNEY PARK DEVELOPMENT II. INC. ひょうしゅぎりょう Principal Place of Business Mailing Address 250 INTERNATIONAL PARKWAY 260 INTERNATIONAL PARKWAY SUPPE 220 SUITE 220 HEATHROW FL 32746 HEATHROW FL 32746 2. Principal Place of Business Mailing Address 100 Colo 100 Colonial Contor Suite, Apt. #, etc CHECK HERE IF MAKING CHANGES Applied For 01-0672453 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name O'KEEFE, DANIEL T ESQ. Street Address (P.O. Box Number is Not Acceptable) 300 S. ORANGE AVENUE **SUITE 1000** ORLANDO FL 32801 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 egent and tide if applicable. (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2003 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 DP TITLE ☐ Delete TITLE ☐ Change Addition CR2E034 (10/02) Ogier, Genilo D NAME NAME STREET ADDRESS STREET ADDRESS 216 Nob Hill Circle CITY-ST-7/P CITY-ST-ZIP Zangwood, Fl TITLE ☐ Delete TITLE **F** ■ Addition ☐ Change McDaniel, David G NAME NAME STREET ADDRESS STREET ADDRESS 203 Visti Caks Orive CITY-ST-7IP CITY-ST-ZIP Longwood, FL 32779 TITLE. TITLE - Change Addition NAME NAME Schoffer, John STREET ADDRESS STREET ADDRESS 3138 Winding Pine Trail CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Dalete TITLE ☐ Change Addition MAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Celete TITLE Change ☐ Addition NAME 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

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.

333-0066

FILED