2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000046195

Entity Name: TREE FARM APARTMENTS, INC.

FILED Apr 13, 2004 Secretary of State

Current Principal Place of Business: New Principal Place of Business:

5602 PEACOCK STREET FORT PIERCE, FL 34982 US

Current Mailing Address: New Mailing Address:

5602 PEACOCK STREET 8869 NW 26TH CT.

FORT PIERCE, FL 34982 US CORAL SPRINGS, FL 33065 US

FEI Number: 56-2363026 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired ()

Name and Address of Current Registered Agent: Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY MESSINA, FRANK M PD 1201 HAYS STREET 601 S. OCEAN DR.

TALLAHASSEE, FL 32301 US FORT PIERCE, FL 34949 US

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.

SIGNATURE: FRANK M. MESSINA 04/13/2004

Electronic Signature of Registered Agent Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Name: MESSINA, FRANK Name: MESSINA, FRANK

Address: 601 SOUTH OCEAN DRIVE (MAIN HOUSE) Address: 601 SOUTH OCEAN DRIVE (MAIN HOUSE)

City-St-Zip: FORT PIERCE, FL 34949 US City-St-Zip: FORT PIERCE, FL 34949 US

Title: D () Delete Title: VPD (X) Change () Addition Name: ZIEGLER, MICHAEL Name: ZIEGLER, MICHAEL A VPD

Name: ZIEGLER, MICHAEL A VPI Address: 601 SOUTH OCEAN DRIVE (MAIN HOUSE) Address: 8869 NW 26TH CT.

City-St-Zip: FORT PIERCE, FL 34949 US City-St-Zip: CORAL SPRINGS, FL 33065 US

I hereby certify that the information supplied with this filing does not qualify for the 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: FRANK MESSINA PD 04/13/2004