2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 04, 2004 8:00 am Secretary of State **DOCUMENT # P03000055676** 1. Entity Name 05-04-2004 90145 016 ***150.00 GULF BREEZE RESORTS, INC. Principal Place of Business -Mailing Address 3015 N.OCEAN BOULEVARD 3015 N.OCEAN BOULEVARD 44044485 FORT LAUDERDALE FL 33308 FORT LAUDERDALE FL 33308 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 72-1566 Not Applicable Country Zip Zip 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 WASSERSTROM, ELLEN ESQ. Street Address (P.O. Box Number is Not Acceptable 100 W. CYPRESS CREEK ROAD 3015 N. SUITE 700 FORT LAUDERDALE FL audendale 8. The above named entity submits this tement 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 iture, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required who DATE FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete D/P/S TIT) F Change Addition FOSTER, REBECCA A NAME Rebecca A. Foster NAME STREET ADDRESS 3015 N.OCEAN BOULEVARD SUITE 121 STREET ADDRESS 3015 N Ocean Blvd, Ste 121 CITY-ST-7IP FORT LAUDERDALE FL 33308 Ft Lauderdale, FL 33308 CITY-ST-7/P TITLE ☐ Delete TITLE D/V/T ☐ Addition NAME LANDAU, MARC J Marc J Landau STREET ADDRESS 3015 N.OCEAN BOULEVARD SUITE 121 STREET ADDRESS 3015 N Ocean Blvd, Ste 121 CITY-ST-7IP FORT LAUDERDALE FL 33308 CITY-ST-ZIP Ft Lauderdale, FL 33308 TITLE ☐ Delete Change TITLE ☐ 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 TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. 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 suppliemental 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 endowered 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 ith all othènike empowered

FILED