2006 FOR PROFIT CORPORATION

May 10, 2006 8:00 am ANNUAL REPORT **Secretary of State** DOCUMENT # P03000069917 05-10-2006 90090 047 ***150.00 1. Entity Name GAINESVILLE DEVELOPERS, INC. Mailing Address Principal Place of Business 101 PLAZA REAL SOUTH 101 PLAZA REAL SOUTH **ROYAL PALM PLACE SUITE, 200 ROYAL PALM PLACE, SUITE 200** BOCA RATON, FL 33432 BOCA RATON, FL 33432 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. Chg-P 05012006 CR2E034 (11/05) Applied For City & State City & State 4. FEI Number 20-0060386 Not Applicable Zip Zip Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CAROSELLA, JOE Street Address (P.O. Box Number is Not Acceptable) 101 PLAZA REAL SOUTH ROYAL PALM PLACE, SUITE 200 BOCA RATON, FL 33432 Zip Code City FL 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 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 \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. Added to Fees After May 1, 2006 Fee will be \$550.00 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. PD TITLE emarige ☐ Addition TITLE Delete NAME CAROSELLA, JOE NAME 101 PLAZA NEAL SOUTH, SUITE 200 STREET ADDRESS 101 PLAZA REAL SOUTH, SUITE 400 STREET ADDRESS BOCA RATON, FL 33432 CITY-ST-ZIP CITY-ST-ZIP Change VĐ ☐ Delete TITLE ☐ Addition TITLE CAROSELLA, LOUIS NAME NAME PLAZA REAL SOUTH, SUITE 200 STREET ADDRESS 101 PLAZA REAL SOUTH STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP BOCA RATON, FL 33432 Change ☐ Addition ☐ Delete TITLE TITLE NAME MARKE STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE Change ☐ Addition ☐ Defete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ■ Addition TITLE

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 changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

AME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE AND TYPE

Joe Carosella

May 1, 2006

561-961-1733

FILED

Date

Daytimu Phone #