2004 FOR PROFIT CORPORATION ANNUAL REPORT

May 04, 2004 8:00 am Secretary of State 05-04-2004 90149 004 ***150.00 DOCUMENT # P03000090990 UNIQUE RESORTS REALTY, INC. 24069247 Principal Place of Business Mailing Address 100 W CYPRESS CREEK RD STE 700 100 W CYPRESS CREEK RD STE 700 FT LAUDERDALE, FL 33309 FT LAUDERDALE, FL 33309 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 01262004 CR2E034 (10/03) Chg-P 4. FEI Number City & State City & State Applied For Not Applicable 20-0193210 Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name Rebecca Footer WASSERSTROM, ELLEN ESQ Street Address (P.O. Box Number is Not Acceptable) 100 W CYPRESS CREEK RD STE 700 FT LAUDERDALE, FL 33309 Ocean 3015 Laudendak 8. The above named entity submits this st ent for the purpose of changing its registered office or registered agent, or both, in the State of Florida. the obligations of registered agent ted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11... TITLE ☐ Delete TITLE ☐ Change Addition P/S/ NAME NAME J.P. Ottino, III STREET ADDRESS STREET ADDRESS 3015 N Ocean Blvd, Ste 121 CITY-ST-ZIP CITY-ST-ZIP Ft Lauderdale, FL 33308 TITLE ☐ Delete TITLE ☐ Change Addition D/V/T NAME Marc J Landau STREET ADDRESS STREET ADDRESS 3015 N Ocean Blvd, Ste 121 CITY-ST-ZIP CITY-ST-ZIP Ft Lauderdale, FL 33308 ☐ Delete TITLE Change Addition | Rebecca A. Foster NAME NAME STREET ADDRESS STREET ADDRESS 3015 N Ocean Blvd, Ste 121 Ft Lauderdale, FL 33308 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIF TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Addition ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(ii). 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. SIGNATURE: d

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED