FILED Mar 16, 2005 8:00 am Secretary of State 02-22-2005 90032 048 ***150.00

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2005 FOR PROFIT CORPORATION ANNUAL REPORT

NAME STRET ADDRESS CITY-ST-2P	1. Entity Name	ENT # P0400 PRESERVE INC.		6					, .			
Suite, Api, 4, etc. Suite, Api, 4, etc. City & State C. Country Z.p S. Contingent of State Plant Registered Agent S. Contingent of State District	BARRINGTON GF 1 SO SCHOOL A	ROUP INC VE STE 500	. B	ARRINGTÓN GROUP (! SO SCHOOL AVE STE	500						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 	 Mij rji
City & State Ci	2. Principal Place	e of Business	3.	Mailing Address								
20 - Country Zp Country 3, Certificate of Stant Desired Saff Address of Current Replatement Agent 7, Name and Address of Name Replatement 7, Name Replatement 7, Name and Address of Name Replatement 7, Na	Suite, Apt. #, etc.			Suite, Apt. #, etc.				01132005	Chg-P	CR2E03	4 (10/03)	
Country Country Country S, Certificate of Status Desired Post Required	City & State			City & State				4. FEI Number 20 -	0700	737	<u> </u>	
C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324 City FL Zp 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, 1 am familiar with, and acceptable) SIGNATURE FILE MOWITI FEE IS \$150.00 After May 1, 2005 Fee will be \$350.00 After May	Zip	Country		Zip	Count	try			*	\$	8.75 Add	tronal
Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City FL 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 Portice. I am familiar with, and acceptable of registered agent, or both, in the State of Portice. I am familiar with, and acceptable of registered agent, or both, in the State of Portice. I am familiar with, and acceptable of registered agent, or both, in the State of Portice. I am familiar with, and acceptable of registered agent, or both, in the State of Portice. I am familiar with, and acceptable of registered agent, or both, in the State of Portice. I am familiar with, and acceptable of registered agent, or both, in the State of Portice. I am familiar with, and acceptable of registered agent, or both, in the State of Portice. I am familiar with, and acceptable of registered agent, or both, in the State of Portice. I am familiar with, and acceptable of registered agent, or both, in the State of Portice. I am familiar with, and acceptable of registered agent, or both, in the State of Portice. I am familiar with, and acceptable of registered agent, or both, in the State of Portice. I am familiar with, and acceptable of Portice of Porti		8. Name and Address of	Current Regis	itered Agent			_	7. Name and	Address of New R	legistered A	amt	
B. 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, types or present name of impressed agent and as a supposess. POTE Registered Agent summer required dean remotishing OATE	1200 SOUTH	I PINE ISLAND ROA	D				dress (P.O. Bax Number	is Not Acceptable	b)		
8. The above named entity submits this stitlement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent. **POTE Registered Agent registered agent in the state of Florida. 1 am familiar with, and accept the obligations of registered agent. **POTE Registered Agent registered agent or both, in the State of Florida. 1 am familiar with, and accept the obligations of registered agent, or both, in the State of Florida. 1 am familiar with, and accept the familiar with, and accept the familiar with acceptance of registered office or registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and acceptance of registered office or registered agent, or both, in the State of Florida. 1 am familiar with, and acceptance of registered agent, or both, in the State of Florida. 1 am familiar with, and acceptance of registered agent, or both, in the State of Florida. 1 am familiar with, and acceptance of registered agent, or both, in the State of Florida. 1 am familiar with, and acceptance of registered agent, or both, in the State of Florida. 1 am familiar with, and acceptance of registered agent, or both, in the State of Florida. 1 am familiar with, and acceptance of registered agent, or both, in the State of registered agent, or registere						City				FL	Zip Code	
SIGNATURE Separate, types or present series of registered agent and site of approaches. PACTE. Registered Agent separates required without netrotation			atement for the p	purpose of changing its	a registere	ed office or r	egister	ed agent, or both	, in the State of Fic	orida. 1 am fa	ımiliar with, (and accept
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TITLE NAME STREET ADDRESS CITY-ST-ZP 12. 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 of trustee empowered to execute this report as required by Chapter 607, Rorida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an address storage empowered.	TITLE NAME			☐ Deleie	TITL	E Æ	54	RASOTA, e	<u>u 3u231</u>		Change	Addition
City-St-ZP 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 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 receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 changed, or on an attachment with an applicast statute and other like employment.	TITLE NAME			_	III) NAV	.E ME					Change	Addith
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