2005 FOR PROFIT CORPORATION

Aug 31, 2005 8:00 am Secretary of State ANNUAL REPORT **DOCUMENT # P04000170484** 08-31-2005 90013 019 ***150.00 1. Entity Name TANTALUS REAL ESTATE SERVICES CORPORATION Principal Place of Business Mailing Address JUU64232 PO BOX 456 550 5 AVENUE SOUTH NAPLES, FL 34102 NAPLES, FL 34106 Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (10/03) 06222005 Chg-P City & State 4. FEI Number Applied For Not Applicable Country Country Zin \$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 SPIEGEL & UTRERA, P.A. Street Address (P.O. Box Number is Not Acceptable) 1840 SW 22ND ST. 4TH FLOOR MIAMI, FL 33145 8. The above named entity submits his statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familia the obligations of regis SIGNATUR (NOTE: Registered Agent signature required when reinstating) name of registered agent and title if applicable FILE NOWIII FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be In accordance with s. 607.193(2)(b), F.S., the Trust Fund Contribution. Added to Fees corporation did not receive the prior notice. Due by September 7, 2005 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE **PSTD** ☐ Delete TITLE ☐ Change ☐ Addition NAME TUCKERMAN, TOD NAME 550 5 AVENUE SOUTH STREET ADDRESS STREET ADDRESS CITY-ST-ZIP NAPLES, FL 34102 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition MARKE MARKE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE ☐ Change NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Change TITLE ☐ Delete Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE □ Delete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 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 I hereby certily that the morning indicated on this report or supplied of the corporation or the receiver changed or on an attachment with the corporation of the cor ental 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 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

in address, with all other like empowered

SIGNATURE

FILED