2009 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 06, 2009
Secretary of State

DOCUMENT# P05000120961

Entity Name: JIK ARBORS GP, INC.

Current Principal Place of Business:

7900 MIAMI LAKES DR W
MIAMI LAKES, FL 330165897

New Principal Place of Business:

Current Mailing Address:

7900 MIAMI LAKES DR W
MIAMI LAKES, FL 330165897

New Mailing Address:

FEI Number: 20-3401464 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

COMPLO, CHRISTY
7900 MIAMI LAKES DR W
HIALEAH, FL 33016 US

Name and Address of New Registered Agent:

COMPLO, CHRISTY
7900 MIAMI LAKES DR W
MIAMI LAKES, FL 33016 US

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.

SIGNATURE: _____ 03/06/2009
Electronic Signature of Registered Agent — Date

Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: D ( ) Delete
Name: KISLAK, JAY I
Address: 7900 MIAMI LAKES DR W
City-St-Zip: MIAMI LAKES, FL 330165897

Title: DPT ( ) Delete
Name: BARTELMO, THOMAS
Address: 7900 MIAMI LAKES DR W
City-St-Zip: MIAMI LAKES, FL 330165897

Title: VP ( ) Delete
Name: BRAUN, STEPHEN
Address: 7900 MIAMI LAKES DR WEST
City-St-Zip: MIAMI LAKES, FL 33016

Title: VPS ( ) Delete
Name: COMPLO, CHRISTY
Address: 7900 MIAMI LAKE DR. WEST
City-St-Zip: MIAMI LAKES, FL 33016

Title: VP ( ) Delete
Name: LUBOU, CHERYL
Address: 7900 MIAMI LAKES DR. WEST
City-St-Zip: MIAMI LAKES, FL 33016

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: VP (X) Change ( ) Addition
Name: LUBOW, CHERYL
Address: 7900 MIAMI LAKES DR. WEST
City-St-Zip: MIAMI LAKES, FL 33016

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CHRISTY COMPLO VPS 03/06/2009
Electronic Signature of Signing Officer or Director — Date