2005 FOR PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:

FILED Feb 07, 2005 8:00 am Secretary of State

DOCUMENT # P39590 1. Entity Name RANK ORLANDO II, INC.										02-07-2005 90086 013 ***150.00					
	rincipal Place		s .		Mailing Address							.004	\ i		
6100 OLD PARK LANE Orlando, Fl. 32835					6100 OLD PARK LANE Orlando, Fl. 32835				50010939						
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2. Principal Place of Business					3. Mailing Address										
Suite, Apt. #, etc.					Suite, Apt. #, etc.					01252005	Chg-P	CR2E	034 (10/03)		
City & State					City & State					4. FEI Numbe 58-2001			<u> </u>	Applicable	
	Zip Country				Zip Counts				5. Certificate of Status Desired S8.75 Additional Fee Required						
	6. Name and Address of Current F				legistered Agent					7. Name and	Address of New F	Registered	Agent		
C T CORPORATION SYSTEM							Na L	lame							
1200 SOUTH PINE ISLAND ROAD PLANTATION, FL 33324								Street Address (P.O. Box Number is Not Acceptable)							
1 2 3 3 3 2 4															
___								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 Florida. I am familia the obligations of registered agent.													n tamiliar with,	and accept	
٩	SIGNATURE			3	•									!	
_		Signature, lyped	ger to eman betrook to b	islered agent a	nd tale if applicable	(NOTE: Flor	kyistored Ager	ent signature re	quired	when reinstating)		DATE		······································	
			FEE IS \$15 5 Fee will be		1	ion Campaign Fund Contribu		9 🗆	\$5 . Add	.00 May Be led to Fees					
├~	10.	DVPT	OFFIC	ERS AND I	DIRECTORS		11.	14			CHANGES TO OF	FICERS AN		17	
N S	ITILE VAME STREET ADDRESS CITY-ST-ZIP	SALTER 6100 OLI	MICHAEL DPARK LANE 10, FL 32835		NAI STE		TITLE NAME STREET AD CITY-ST-2	ETADORESS GOO		1154 DO 0060 PA	DOS RK LANE FL 3283:	-	☐ Change	Addition	
-	TITLE	D	70,11 02003			Delete	TITLE	- 10	~	CANOC,	16 0283.		☐ Change	Addition	
	NAME	DYSON,					NAME								
1	STREET ADDRESS City-St-Zip	6 CONNAUGHT LONDON, ENGLAND, W2 2E					STREET AL								
1	IΠLE	AS				Delete	TITLE						☐ Change	Addition	
1	NAME Street Address	. –	AN, RYAN D PARK LANE				NAME STREET AL	DDRESS							
_	CITY-ST-ZIP		OO, FL 32835				CITY-ST-	- ZIP							
1	title Name	SD WOLSZ	CZAK, JAY			Delete	TITLE Name						☐ Change	Addition	
	STREET ADDRESS	6100 OLD PARK AVENUE			S		STREET AC	REET ADDRESS							
-	CITY-ST-ZIP	URLANL	OO, FL 32835			Delete	CMY-ST-	- (11)	<u>_</u>		· · · · · · · · · · · · · · · · · · ·		☐ Change	Addition	
	NAME					Delete	NAME						g		
	STREET ADDRESS CITY-ST-ZIP						STREET AL								
r	шт	<u> </u>				Defete	TITLE						☐ Change	Addition	
	NAME STREET ADDRESS						NAME STREET A	ADDRESS.							
	CITY-ST-ZIP						CITY-ST	-ZIP							
	12. I hereby indicated of the co-	certify that f on this rep rporation of f, or on an a	the information s bort or supplement the receiver or t attachment, with a	upplied with ntal report in rustee emp n address,	h this filing does r s true and accura owered to execut with all other like	not qualify for thate and that my te this report is rempowered	sprature sprature spratured	otion stated e shall have d by Chapte	d in S re tho ter 60	Section 119.07(3 a same legal effe 07, Florida Statul	(i), Florida Statute ect as if made under es; and that my na	s. I further er oath; tha arme appea	certify that the t I am an office rs in Block 10	information er or director or Block 11 if	