2000 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P92000009091 Apr 25, 2000 8:00 am Secretary of State 1. Entity Name FIFTH AND GOODLETTE RENTAL INCOME, INC. 04-25-2000 90102 001 ***150.00 Principal Place of Business Mailing Address 3936 TAMIAMI TRAIL NORTH 3936 TAMIAMI TRAIL NORTH NAPLES FL 34103 NAPLES FL 34103-3506 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0383929 Not Applicable 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 VOGEL, R M Street Address (P.O. Box Number is Not Acceptable) 3936 TAMIAMI TRAIL NORTH SUITE B NAPLES FL 33940 Zip Code City FL 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 SIGNATURE DATE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. PTD ☐ Change Addition TITLE ☐ Delete TITLE VOGEL, R M NAME STREET ADDRESS 3936 TAMIAMI TRAIL NORTH, SUITE B STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 Change ☐ Addition D۷ ☐ Delete TITLE TITLE CARPENTER, THOMAS K NAME 15500 WAYZATA BLVD., SUITE 1020 - 1000 BDG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAYZATA MN _ _ Change Addition ☐ Delete TITLE TITLE CARPENTER, JOSEPHINE B NAME NAME 15500 WAYZATA BLVD., SUITE 1020 - 1000 BDG STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WAYZATA MN 55391 ☐ Change Addition Delete TITLE VOGEL, PATRICIA NAME NAME 3936 TAMIAMI TRAIL NORTH, STE B STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 ☐ Change Addition ☐ Delete TITLE TITLE HASTY, ANN NAME NAME STREET ADDRESS 3300 BINNACLE DR., #202 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP NAPLES FL 34103 Change Addition ☐ Delete TITLE TITLE

13. 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 or truetee amount of the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

4/19/2000

941-262-2211

Daytime Phone #