.2091 UNIFORM BUSINESS REPORT (UBR)

Mar 28, 2001 8:00 am Secretary of State DOCUMENT # P95000009086 1. Entity Name ADDISON RESERVE REALTY, INC. 03-28-2001 90002 022 ***150 00 Mailing Address Principal Place of Business 7150 ADDISON RESERVE BLVD 7120 SOUTH BENEVA ROAD DELRAY BEACH FL 33446 SARASOTA FL 34238 US 2. Principal Place of Business Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Applied For City & State City & State 4. FEI Number 65-0563091 Not Applicable Zip Country 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 PESHKIN, JOHN R. Street Address (P.O. Box Number is Not Acceptable) C/O TAYLOR WOODROW/KENCO, LTD. 7120 S. BENEVA ROAD SARASOTA FL 34238 Zip Code 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable 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, 2001 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. 12. ☐ Change ☐ Addition Delete TITLE TITLE NAME PERNA, CRAIG NAME STREET ADDRESS 7120 SOUTH BENEVA ROAD STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL ☐ Change Delete Addition TITI F TITLE NAME Bratt, C. Alexande DISTEFANO, PAUL L NAME STREET ADDRESS 7120 SOUTH BENEVA ROAD STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP SARASOTA FL ☐ Addition ☐ Change □ Delete TITLE TITLE MALONEY, KATHIE NAME NAME STREET ADDRESS STREET ADDRESS 7120 SOUTH BENEVA ROAD CITY-ST-ZIP CITY-ST-ZIP SARASOTA FL 34238 ☐ Change Addition TITI E ☐ Delete TITLE CHOROST, AARON NAME NAME STREET ADDRESS STREET ADDRESS 7150 ADDISON RESERVE BLVD. CITY-ST-ZIP CITY-ST-ZIP DELRAY BEACH FL TITLE ☐ Delete TITLE Change Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 corporation or the receiver or trustee empowered to execute this 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.

FILED

SIGNATURE AND TYPED OR PRINTED NAME OF SIG ING OFFICER OR DIRECTOR

SIGNATURE: