2000 UNIFORM BUSINESS REPORT (UBR) FILED DOCUMENT # P95000054218 Mar 30, 2000 8:00 am Secretary of State 1. Entity Name PASADENA TOWNHOMES AT PEMBROKE SHORES, INC. 03-30-2000 90056 042 ***150.00 Mailing Address Principal Place of Business 1000 NORTH HIATUS ROAD 1000 NORTH HIATUS ROAD #100 #100 PEMBROKE PINES FL 33026-3094 PEMBROKE PINES FL 33026 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 65-0604231 Not Applicable Country \$8.75 Additional Ζip Country 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent BERGER, ADOLPH J Street Address (P.O. Box Number is Not Acceptable) 1000 N HIATUS RD SUITE 100 PEMBROKE PINES FL 33026 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. 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) П Make Check Payable to Department of State OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. Change ☐ Addition **VPST** TITLE Delete TITLE BERGER, ADOLPH J NAME NAME STREET ADDRESS STREET ADDRESS 1000 N HIATUS RD CITY-ST-ZIP CITY-ST-7IP PEMBROKE PINES FL Change ☐ Addition ☐ Delete **VPAS** TITLE TITLE MILLER, LEONARD NAME STREET ADDRESS STREET ADDRESS 1000 N HIATUS RD CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL Change Addition ☐ Delete TITLE TITLE NAME MILLER, ROBERT NAME STREET ADDRESS STREET ADDRESS 1000 N HIATUS RD CITY-ST-ZIP CITY-ST-ZIP PEMBROKE PINES FL ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition TITLE □ Delete NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP ☐ Change ☐ Addition Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 67, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an addless with all other like empowered that it is 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 67, Florida Statutes; and that my name appears in Block 11 or Block 12 if 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 67, Florida Statutes; and that my name appears in Block 11 or Block 12 if 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 67, Florida Statutes.

SIGNATURE!

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

a/ 3) w/0

954-431-6100

Daytime Phone #