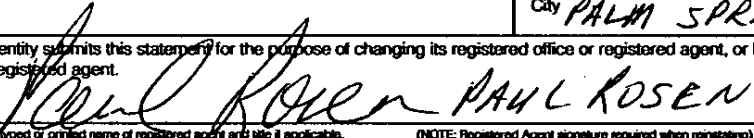
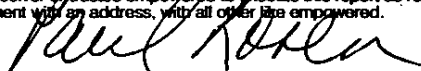


04-08-2005 90051 015 ***150.00

DOCUMENT # P96000041481				Secretary of State	
1. Entity Name THE MANORS APARTMENTS, INC.				04-08-2005 90051 015 ***150.00	
Principal Place of Business 965 MANOR DRIVE #6A PALM SPRINGS, FL 33461		Mailing Address 11576 PIERSON RD K8 WELLINGTON, FL 33414 US			
2. Principal Place of Business		3. Mailing Address 965 MANOR DRIVE			
Suite, Apt. #, etc.		Suite, Apt. #, etc. STE 6		03282005 Chg-P CR2E034 (10/03)	
City & State		City & State PALM SPRINGS, FL		4. FEI Number 65-0681836	
Zip		Zip 33461		Applied For Not Applicable	
Country		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent ROSEN, PAUL 11576 PIERSON RD K8 WEST PALM BEACH, FL 33414				7. Name and Address of New Registered Agent	
				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				965 MANOR DRIVE, STE 6	
				City PALM SPRINGS FL Zip Code 33461	
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 familiar with, and accept the obligations of registered agent.					
SIGNATURE  PAUL ROSEN 3-28-05					
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
FILE NOW!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	P ☐ Delete	TITLE	☒ Change ☐ Addition		
NAME	ROSEN, PAUL	NAME	965 MANOR DRIVE, STE 6		
STREET ADDRESS	11576 PIERSON RD K8	STREET ADDRESS	PALM SPRINGS, FL 33461		
CITY- ST- ZIP	WELLINGTON, FL 33414	CITY- ST- ZIP			
TITLE	V ☐ Delete	TITLE	☒ Change ☐ Addition		
NAME	ROSEN, HARRY	NAME	200 EAST BROWARD BLVD., 17 FLOOR		
STREET ADDRESS	2500 WESTON RD SUITE 220	STREET ADDRESS	FORT LAUDERDALE, FL 33301		
CITY- ST- ZIP	WESTON, FL	CITY- ST- ZIP			
TITLE	ST ☐ Delete	TITLE	☐ Change ☐ Addition		
NAME	ROSEN, RON	NAME			
STREET ADDRESS	4000 HOLLYWOOD CIR #7825 SO.	STREET ADDRESS			
CITY- ST- ZIP	HOLLYWOOD, FL	CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
TITLE	☐ Delete	TITLE	☐ Change ☐ Addition		
NAME		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY- ST- ZIP		CITY- ST- ZIP			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 10 or Block 11 if changed, or on an attachment with an address, with all other law empowered.					
SIGNATURE:  PAUL ROSEN 3-28-05 561-790-74					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					