

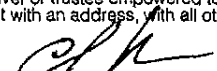


**FILED**  
**Apr 07, 2005 08:00 AM**  
**Secretary of State**

<div style="display: flex; justify-content: space-between;"><div><b>DOCUMENT # P96000041937</b> 1. Entity Name <b>COMMERCIAL PROPERTY MANAGEMENT OF MARTIN COUNTY, INC.</b></div><div style="text-align: center;"></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div><small>Principal Place of Business</small> 3766 SE OCEAN BLVD STUART, FL 34996 US</div><div><small>Mailing Address</small> 3766 SE OCEAN BLVD STUART, FL 34996 US</div></div>		<div style="text-align: right;"><b>Secretary of State</b></div> <div style="text-align: center; margin-top: 20px;"></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><span>04052005</span><span>No Chg-P</span><span>CR2E034 (10/03)</span></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>4. FEI Number <b>65-0666469</b></div><div>Applied For Not Applicable</div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div>5. Certificate of Status Desired <input type="checkbox"/></div><div><b>\$8.75</b> Additional Fee Required</div></div>																																							
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<div style="border: 1px solid black; padding: 5px;"><b>6. Name and Address of Current Registered Agent</b>  ANDREWS, CHARLES S JR. 3766 SE OCEAN BLVD STUART, FL 34996</div>	<div style="height: 100px; vertical-align: middle;"><b>DO NOT WRITE IN THIS SPACE</b></div>																																								
<b>8.</b> 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.																																									
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable</small></div><div>(NOTE: Registered Agent signature required when reinstating)</div><div>DATE _____</div></div>																																									
<div style="display: flex; justify-content: space-between;"><div><b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b></div><div>9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees</div></div>																																									
<div style="border: 1px solid black; padding: 5px;"><b>10. OFFICERS AND DIRECTORS</b><table border="1" style="width:100%; border-collapse: collapse;"><tr><td style="width:20%;"><small>TITLE</small></td><td>P</td></tr><tr><td><small>NAME</small></td><td>ANDREWS, CHARLES S.</td></tr><tr><td><small>STREET ADDRESS</small></td><td>3766 SE OCEAN BLVD</td></tr><tr><td><small>CITY-ST-ZIP</small></td><td>STUART, FL</td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr><tr><td><small>TITLE</small></td><td></td></tr><tr><td><small>NAME</small></td><td></td></tr><tr><td><small>STREET ADDRESS</small></td><td></td></tr><tr><td><small>CITY-ST-ZIP</small></td><td></td></tr></table></div>	<small>TITLE</small>	P	<small>NAME</small>	ANDREWS, CHARLES S.	<small>STREET ADDRESS</small>	3766 SE OCEAN BLVD	<small>CITY-ST-ZIP</small>	STUART, FL	<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY-ST-ZIP</small>		<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY-ST-ZIP</small>		<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY-ST-ZIP</small>		<small>TITLE</small>		<small>NAME</small>		<small>STREET ADDRESS</small>		<small>CITY-ST-ZIP</small>		<div style="height: 100px; vertical-align: middle;"><div style="margin-bottom: 20px;">UN00000230898 04/07/05-80007-017 150.00</div><b>DO NOT WRITE IN THIS SPACE</b></div>
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<b>12.</b> 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.																																									
<div style="display: flex; justify-content: space-between;"><div>SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small></div><div style="text-align: right;">4/5/05 772-219-0803 <small>Date Daytime Phone #</small></div></div>																																									