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| Principal Place of Business Mailing Address 3949 Lantana Road Lake Worth, FL 33467 Suite 300 Boca Raton, FL 33432 2. Principal Place of Business Suite, Apt. #, etc. City & State Country Country Zip Country Zip Country Zip Country Country S. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent Name Shapiro, David 123 N.W. 13th Street #300 Boca Raton, Florida 33432 | Mailing Address 123 N.W. 13th Street Suite 300 Boca Raton, FL 33432 3. Mailing Address Suite, Apt. #, etc. City & State City & State Country Country Do Not Write In this space Applied For Not Applicable Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) | Principal Place of Business 3949 Lantana Road Lake Worth, FL 33467 Boca Raton, FL 33432 2. Principal Place of Business Suite, Apt. #, etc. City & State City & State City & State Country Country Do Not Write in this space Applied For Not Applicable 4. FEI Number 65-0762713 Applied For Not Applicable 5. Certificate of Status Desired A \$8.75 Additional Fee Required 7. Name and Address of New Registered Agent Name | GREENLEAF HOMES, | • | 10 | | | P-11 |
| GREENLEAF HOMES, INC. FILED 01 MAR 21 AM 8: 23 SECRETARY OF STATE TALLAMASSEE, FLORIDA Secretary of State 2. Principal Place of Business Suite, Apt. #, etc. City & State Shapiro, David 123 N.W. 13th Street #300 Boca Raton, Florida 33432 FILED 01 MAR 21 AM 8: 23 SECRETARY OF STATE TALLAMASSEE, FLORIDA SECRETARY OF STATE TALLAMASSEE TALLAMASSEE, FLORIDA SECRETARY OF STATE TALLAMASSEE, FLORIDA SECRETARY OF STATE TALLAMASSEE, FLORIDA SECRETARY | Mailing Address 123 N.W. 13th Street Suite 300 Boca Raton, FL 33432 3. Mailing Address Suite, Apt. #, etc. City & State City & State Country Country Do Not Write in this space 4. FEI Number 65-0762713 Applied For Not Applicable Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) | GREENLEAF HOMES, INC. FILED O1 MAR 21 AM 8: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA Secretary of State ONOT WRITE IN THIS SPACE City & State City & State City & State Country Country Country To Country To Country To Country To Country To Norme and Address of Current Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent | 1. Entity Name | | ID | | | |
| GREENLEAF HOMES, INC. FILED O1 MAR 21 AM 8: 23 SECRETARY OF STATE TALLAMASSEE, FLORIDA Suite, Apt. #, etc. City & State City & State City & State Country Country Country Country S. Certificate of Status Desired 6. Name and Address of Current Registered Agent Shapiro, David 123 N.W. 13th Street #300 Boca Raton, Florida 33432 FILED O1 MAR 21 AM 8: 23 SECRETARY OF STATE TALLAMASSEE, FLORIDA SECRETARY OF STATE TALLAMASSEE TALLAMASSEE, FLORIDA SECRETARY OF STATE TALLAMASSEE, FLORIDA SECRETARY OF STATE TALLAMA | Mailing Address 123 N.W. 13th Street Suite 300 Boca Raton, FL 33432 3. Mailing Address Suite, Apt. #, etc. City & State City & State Country Country Do Not WRITE IN THIS SPACE 4. FEI Number 65-0762713 Applied For Not Applicable Fee Required 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) | GREENLEAF HOMES, INC. FILED O1 MAR 21 AM 8: 23 SECRETARY OF STATE TALLAHASSEE, FLORIDA 2. Principal Place of Business Suite, Apt. #, etc. City & State City & State City & State Country Country To Country To Country To Norme and Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent To Name and Address of New Registered Agent | 1. Entity Name | 7005 Na | | | | |

2001 UNIFORM BUSINESS REPORT (UBR)

13. I hereby certify that the information supplied with the 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 frue 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 tristee 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.

SIGNATURE:

John A. Kraynick, VP

3-20-01

561-391-4012 Daytime Phone #

CR2E034 (1