2000 UNIFORM BUSINESS REPORT (UBR) FILED Mar 14, 2000 8:00 am DOCUMENT # **P97000063159** 1. Entity Name Secretary of State L & B REAL ESTATE HOLDINGS, INC. 03-14-2000 90004 024 ***150.00 Mailing Address Principal Place of Business 7100 NORTH MILITARY TRAIL 7100 NORTH MILITARY TRAIL PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-6412 3. Mailing Address 2. Principal Place of Business DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Applied For City & State 4. FEI Number City & State 65-0771737 Not Applicable Zip Country \$8.75 Additional Zip Country 5. Certificate of Status Desired 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent S, SINGER ESO MICHAEL ZANE JEFFREY P ESQ. Street Address (P.O. Box Number is Not Acceptable) SINGER & ZANE, P.A. 701-NORTHPOINT-PARKWAY, SUITE 330 U.S. HIGHWAY ONE SUITE WEST PALM BEACH-FL 33407 NORTH PALM BEACH purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this statement fo Signature, typed or printed name of regis 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 After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. Addition PTD ☐ Change ☐ Delete TITLE SUGARMAN, LARRY NAME 7100 N. MILITARY TRAIL STREET ADDRESS CITY-ST-ZIP PALM BEACH GARDENS FL 33410 Addition VPSD ☐ Change ☐ Delete TITLE WALSH, WILLIAM J

11. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME 7337 BELVEDERE ROAD STREET ADDRESS STREET ADDRESS CITY-ST-ZIP WEST PALM BEACH FL 33411 CITY-ST-ZIP ☐ Change Addition TITLE ☐ Delete TITLE 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 ☐ Change Addition ☐ Delete TITLE 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 frustee 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:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-8-00

(561) 842-7100

Daytime Phone #

LAWRENCE SUBARMAN, PRES.