2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OR PRINTED NAME OF

PASADENA AT DILLMAN FARMS BY AdaPA TBERCEL, VICE PRESIDENT

SIGNATURE: _

Apr 26, 2004 8:00 am Secretary of State DOCUMENT # P97000104019 1. Entity Name 04-26-2004 90468 006 ***150.00 PASADENA AT DILLMAN FARMS, INC. Principal Place of Business Mailing Address 1000 N. HIATUS ROAD SUITE 100 1000 N. HIATUS ROAD SUITE 100 54041545 PEMBROKE PINES FL 33026 PEMBROKE PINES FL 33026 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 65-0797977 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent BERGER, ADOLPH Street Address (P.O. Box Number is Not Acceptable) 1000 N. HIATUS RD STE 100 PEMBROKE PINES FL 33026 City 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. I am familiar with, and accept the obligations of registered agent. 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 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 , , Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete TITLE Change ☐ Addition **BERGER, ADOLPH J** NAME NAME 1000 N. HIATUS RD., SUITE 100 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33026 CITY-ST-ZIP TITLE VPAS ☐ Delete Addition MILLER, LEONARD STREET ADDRESS 1000 N. HIATUS RD, SUITE 100 STREET ADDRESS PEMBROKE PINES FL 33026 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ■ Addition NAME MILLER, ROBERT NAME . STREET ADDRESS 1000 N. HIATUS RD, SUITE 100 STREET ADDRESS CITY-ST-ZIP PEMBROKE PINES FL 33026 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 12. 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

FILED

954-431-6100