2004 FOR PROFIT CORPORATION

Apr 19, 2004 8:00 am Secretary of State ANNUAL REPORT (AR) **DOCUMENT # P97000108493** 1. Entity Name 04-19-2004 90245 011 ***150.00 LANTANA REALTY HOLDINGS, INC. Principal Place of Business Mailing Address 150 E. PALMETTO PARK RD 150 E. PALMETTO PARK RD STE 330 STE 330 BOCA RATON FL 33432 BOCA RATON FL 33432 3. Mailing Address 2. Principal Place of Business 555 S. 555 S. Federal Federal Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) MOORE Sevi +-Suite City & State City & State Applied For 4. FEI Number 65-0808435 ŦL Ration <u>Booa</u> Not Applicable Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 33432 33432 USA USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Fring James P. KING, JAMES P. 150 E. PALMETTO PARK ROAD SUITE 330 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33432** Federal 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. 3 March 04 SIGNATURE (NOTE: Regis Agent signature required when reinstating) FILE NOW!!! FEE IS \$180.00 After May 1, 2004 Fee will be \$550.00 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. DPT TITLE TITLE ☐ Delete Change Addition King, James P. NAME KING, JAMES NAME 5. Federal Huy, Suite 300 150 E. PALMETTO PARK RD, STE 330 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33432 CITY-ST-ZIP CITY-ST-ZIP Boca Patch, Fl Change TITLE ☐ Delete TITLE ☐ Addition SCHLUBACH, ANITA schlubach Anita NAME MAME 555 S. Federal Hwy, Suite 300 150 E. PALMETTO PK RD, STE 330 STREET ADDRESS STREET ADDRESS BOCA RATON FL 33432 Bora Roton, FL 33432 CITY-ST-ZIP CITY-ST-ZIP TITLE TITLE _ Delete . _ _ Addition NAME -NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete ☐ Change ☐ Addition TITLE 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)(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 in changed, or on an attachment with an address, with all other like empowered.

CEL OR DIRECTOR

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED

FILED