2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

CITY-ST-ZIP

SIGNATURE:

Apr 22, 2004 8:00 am Secretary of State DOCUMENT # P97000108695 1. Entity Name 04-22-2004 90095 023 ***150.00 AMERICAN PROPERTY MANAGEMENT OF FLORIDA, INC. Principal Place of Business Mailing Address 5863 NW 123 AVENUE CORAL SPRINGS FL 33076 5863 NW 123 AVENUE CORAL SPRINGS FL 33076 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) City & State 4. FEI Number Applied For City & State 65-0925153 Not Applicable Zip Country Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name LINDENBER SCOTT Street Address (P.O. Box Number is Not Acceptable) 5863 NW 123 AVENUE POMPANO BEACH FL 33076 CORAL SPRINGS 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 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 OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE ☐ Delete Addition TITLE Change NAME LINDENBERG, SCOTT NAME STREET ADDRESS 5863 NW 123 AVENUE STREET ADDRESS POMPANO BEACH FL 33076 CtTY-ST-ZIP CITY-ST-7IP **VPS** Change TITLE ■ Delete TITLE CIV Addition SPECTOR PULLOS, ROXANNE NAME NAME LINDENBERG I JILL 333 NEW MILLS COURT STREET ADDRESS STREET ADDRESS 5863 NW 123 A AVENUE CITY-ST-ZIP SCHAUMBURG IL 60193 CITY-ST-ZIP CORAL SPRINCE FL STOTE TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change ■ Addition TITLE 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-78 ☐ Delete TITLE TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED