2000 UNIFORM BUSINESS REPORT (UBR) FILED Apr 26, 2000 8:00 am Secretary of State DOCUMENT # P9800000696 1. Entity Name CYPRESS REAL ESTATE HOLDINGS V. INC. 04-26-2000 90097 004 ***150.00 Mailing Address Principal Place of Business 115 MARKS STREET 115 MARKS STREET CDL4NDC FL 32803 ORLANDO FL 32803-3816 2. Principal Place of Business 3. Mailing Address 250 N. ORANGE BLOSSON TR 2250 N. CRANGE BOSSOM Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE Applied For City & State 4. FEI Number City & State 59-3487766 Not Applicable Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 32*80*1 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name RODGERS, RICHARD A Street Address (P.O. Box Number is Not Acceptable) 201 EAST PINE STREET **SUITE 1200** ORLANDO FL 32803 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. SIGNATURE DATE Signature, typed or printed name of registered 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 Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 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. 11. TITLE ettange Addition ☐ Delete MCINTYRE, THOMAS NAME 2250 N. ORANGE BLOSSOM TRAIL 115 MARKS STREET STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 ORLANDO, FL 32804 Change ☐ Addition ☐ Delete TITLE WALKER, LARRY NAME 2250 N. DRANGE BLOSSOM TRAIL 115 MARKS STREET STREET ADDRESS CITY-ST-ZIP ORLANDO FL 32803 ORUMNOS. FL 32804 Change ☐ Addition □ Delete TITLE NAME

TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE 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 ☐ Delete TITLE Change Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP ☐ Addition ☐ Change Delete TITI F TITLE NAME NAME STREET ADDRESS STREET ADDRESS 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 eath; 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

CITY-ST-7IP

3/28/00 (40