2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P98000003659 1. Entity Name WESTFIELD HOMES OF SOUTHWEST FLORIDA, INC. Principal Place of Business Mailing Address FILED May 05, 2001 8:00 am Secretary of State 05-05-2001 90458 001 *1,428.75

| SARASOTA FL 34240 | | Mailing Address 4350 W CYPRESS ST STE 640 TAMPA FL 33607 3. Mailing Address 4300 W. Cypress St. | | | | 11:11: | 1 | |
|--|--|--|--|--|------------------------------------|-------------------------|-------------------------------|--|
| | | | | C+. | | | | |
| • | | Suite, Apt. #, etc 980 | | 3/ | DO NOT WRITE IN THIS SPACE | | | |
| City & State | | City & State | | 4. | . FEI Number 59-3488891 | | Applied For Not Applicable | |
| Zip | Country | Zip | Country | | . Certificate of Status Desired | \$8.75 Ac Fee Requir | | |
| | 6. Name and Address of Current Re | egistered Agent | Name | 7. | Name and Address of New Registered | d Agent | | |
| SCHLOSSER, RICHARD A | | | | | | | | |
| 500 | e Kennedy Blvd | | Street Ad | Street Address (P.O. Box Number is Not Acceptable) | | | | |
| STE | 200 PA FL 33602 | | | | | | | |
| IAM | FA FL 33002 | | City | ··· | F | , Zip Co | de | |
| 8. The above | named entity submits this statement for t | | registered office or | | | | | |
| | | T | | | The installing) | • | | |
| 9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) | | FILE NOW!!! FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State | | 50.00 | | | | |
| 11. | OFFICERS AND D | | 12. | Α | ADDITIONS/CHANGES TO OFFICERS AN | — | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | GATEWOOD, ROGER 4350 W CYPRESS-STREET TAMPA FL 33607 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 430 0 | W. Cypress St., Sui | He 980 | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | BAKER, FRANK 4350 W CYPRESS ST TAMPA FL 33607 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4300 | w. Cypress St., Su | Change ite 4& | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | P MESSERLY, MARK 4350 W CYPRESS ST TAMPA FL 33607 | Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP SIUDA, ROBERT 4350 W CYPRESS TAMPA FL 33607 | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | 4300 | W. Cypress St., Si | Change Lei He 9 | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | ☐ Delete | TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Change | ☐ Addition | |
| TITLE NAME | | ☐ Delete | TITLE NAME | | | [] Change | Addition | |

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 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 applicase, with all other like empowered.

STREET ADDRESS

CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS CITY-ST-ZIP

LINNATURE AND TYPED OR PROTEST MARGOE SIGNING OFFICER OR DIRECTOR

4-30-01

(813)874-9872

Daytime Phone #

CR2E034 (10)