2001 UNIFORM BUSINESS REPORT (UBR) **FILED** Jan 11, 2001 8:00 am Secretary of State DOCUMENT # P98000024117 PEBBLE HILL APARTMENTS, INC. 01-11-2001 90016 048 ***150.00 Mailing Address Principal Place of Business 1318 N. MONROE STREET 1318 N. MONROE STREET CUUDAUUUA SUITE E SUITE E TALLAHASSEE FL 32303 TALLAHASSEE FL 32303 2. Principal Place of Business 3. Mailing Address DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. City & State 4. FEI Number Applied For City & State 59-3497597 Not Applicable \$8.75 Additional Country Zip Country П 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name PATTERSON, TODD A Street Address (P.O. Box Number is Not Acceptable) 1318 N. MONROE STREET SUITE E TALLAHASSEE FL 32303 Zip Code City FI 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable. FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2001 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. Added to Fees Make Check Payable to Department of State (See criteria on back) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11. CR2E034 (10/00) ☐ Addition Change Delete TITLE PATTERSON, TODD A NAME NAME STREET ADDRESS STREET ADDRESS 1318 N. MONROE STREET CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 Addition Change Delete TITLE NAME PATTERSON, ROSE M NAME 1318 N. MONROE STREET STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TALLAHASSEE FL 32303 - Change ---- Addition Delete TITLE TITLE-CRONA, WILLIAM D NAME NAME STREET ADDRESS STREET ADDRESS 2727 APALACHEE PARKWAY TALLAHASSEE FL 32301 CITY-ST-ZIP CITY-ST-ZIP T Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ☐ Delete 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 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

all other like empowered

ITED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

SIGNATURE AND TYPED OF