2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT # P98000043960 03-22-2004 90050 014 ***158.75 THE GARDENS AT ESTERO, INC. Principal Place of Business Mailing Address PP410064 1499 WEST PALMETTO PARK ROAD 1499 WEST PALMETTO PARK ROAD SHITE 200 SHITE 200 BOCA RATON, FL 33486 US BOCA RATON, FL 33486 US 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 03192004 Cha-P CR2E034 (10/03) City & State City & State 4. FEI Numbe Applied For 59-3543468 Not Applicable 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 KODSI, DANIEL 1499 W. PALMETTO PARK ROAD SUITE 200 Street Address (P.O. Box Number is Not Acceptable) BOCA RATON, FL 33486 City 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 Doniel Kodsi 3/19/0 (NOTE: Registered Agent signature required when reinsesting) 9. Election Campaign Financing \$5.00 May Be FILE NOWIL FEE IS \$150,00 After May 1, 2004 Fee will be \$550,00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE ☐ Delete TITLE ☐ Change KODSI, DANIEL NAME 1499 WEST PALMETTO PARK ROAD, SUITE 200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33486 CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition TILE GOLDFARB, STEVEN NAME NAME 1499 W. PALMETTO PARK RD. #200 STREET ADDRESS STREET ADDRESS BOCA RATON, FL 33486 CITY-ST-ZIP CITY-ST-7P Delete ☐ Change ☐ Add®tion NAME TEMKIN, DAVID NAME 1499 W PALMETTO PARK RD, #200 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP BOCA RATON, FL 33486 CITY-ST-ZIF TITLE Change K Addition TITLE ☐ Delete Isaac Kodsi 1499 W Palmetto PK Rd #200 NAME NAME STREET ADDRESS STREET ADDRESS Boca Raton FL 33486 CITY-ST-ZE TITLE ☐ Detete TITLE ☐ Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP TITLE ☐ Delate TITLE ☐ Change Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZP CITY-ST-ZIP 12. Thereby certify that the information supplied with this filling 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 attachment with an address, with all other like empowered. <u>an</u>iel 20101 SIGNATURE:

FILED Apr 07, 2004 8:00 am Secretary of State