FILED 2001 UNIFORM BUSINESS REPORT (UBR) May 23, 2001 8:00 am Secretary of State DOCUMENT # P98000076913 ACP-HERITAGE II. INC. 05-23-2001 91176 019 ***150 00 Principal Place of Business Mailing Address 1353 PALMETTO AVE., SUITE 125 701 BRICKELL AVE., SUITE 3000 AUU71383 WINTER PARK FL 32789 MIAMI FL 33131 2. Principal Place of Busines 3. Mailing Address Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number 65-0863273 Applied For Not Applicable Country **\$8.75** Additional -5. Certificate of Status Desired \Box Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name INTRASTATE REGISTERED AGENT CORPORATION Street Address (P.O. Box Number is Not Acceptable) 701 BRICKELL AVE., SUITE 3000 **MIAMI FL 33131** City Zip Code 8. The above named entity submits this statement for the purpose of changing its egistered office or registered agent, or both, in the State of Florida. 5-gnature, 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 10. Election Campaign Financing \$5.00 May Be Tax filing requirement and elects to do so. After MAY 1, 20 1 Fee will be \$550.00 Trust Fund Contribution. Added to Fees П (See criteria on back) Make Check Payab e to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. DPS T. TITLE ☐ Delete TITLE Change Addition HEISTAND, JAMES R МАМЕ NAME Heistand 512 E. Washington St., Ste. 200 1353 PALMETTO AVE STE 125 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP **WINTER PARK FL 32789** Oclando FL DVST TITLE **Delete** TITLE FAIRTY, BRUCE R NAME NAME 1353 PALMETTO AVE STE 125 STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-7IP ☐ Change TITLE ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete Change Addition STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP TITLE ☐ Delete Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS

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I hereby certify that the information supplied with this filing does not qualify for indicated on this report or supplemental report is true and accurate and that most indicated on this report or supplemental report is true and accurate and that most indicated on this report or supplemental report is true and accurate and that most indicated on this report or supplemental report is true and accurate and that most indicated on this report of the corporation or the receiver or trustee empowered to execute this report of the corporation or the receiver or trustee empowered to execute this report or 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. 13. I hereby certify that the information supplied with this filing does not qualify for

SIGNATURE:

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