2001 UNIFORM BUSINESS REPORT (UBR) May 16, 2001 8:00 am Secretary of State DOCUMENT # P98000090804 1. Entity Name 05-16-2001 90246 009 \*\*\*150.00 LUXOR HOMES, INC. Mailing Address Principal Place of Business 101 SPANISH MOSS ROAD 101 SPANISH MOSS ROAD DAVENPORT, FL 33837 £0067592 DAVENPORT, FL 33837 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 59-3537783 Not Applicable Country Zip Country **\$8.75** Additional \_\_\_ 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SCOTT, MARK Street Address (P.O. Box Number is Not Acceptable) 101 SPANISH MOSS ROAD DAVENPORT, FL 33837 Zip Code City 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, typed or printeg name of registered agent and title if applicable FILE NOWIN-PEP-19:3150:00 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 (See criteria on back) Make Check Payable to Department of States 11. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 12. TITLE Change ☐ Addition ☐ Delete TITLE LEWO, JOE NAME NAME STREET ADDRESS 101 SPANISH MOSS ROAD STREET ADDRESS CITY-ST-ZIP DAVENPORT, FL 33837 CITY-ST-ZIP TITLE ■ Addition Delete ☐ Change NAME KANTOR, JOSEPH NAME STREET ADDRESS 101 SPANISH MOSS ROAD STREET ADDRESS CUTY-ST-ZIP DAVENPORT, FL 33837 CITY-ST-ZIP TITL F Delete TILE Change Addition DVAS NAME NAME SCOTT, MARK STREET ADDRESS 101 SPANISH MOSS ROAD DAVENPORT, FL 33837 STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Addition Change AS BRANDON, JACK NAME STREET ADDRESS STREET ADDRESS 130 E. CENTRAL LAKE WALES, FL CITY-ST-ZIE CITY-ST-ZIP TILE ☐ Delete ☐ Change ■ Addition NAME NAME DIEHL, ROBERT J JR. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change ☐ Addition NAME NAME STREET ADORESS STREET ADDRESS CITY - ST - ZIP CITY-ST-ZIP 13. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 1.19.07(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 address, with all other like empowered. MARK Scott, V-P 4/23/01 813-424-6000 SIGNATURE:Y

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFF