2003 FOR PROFIT CORPORATION

UNIFORM BUSINESS REPORT (UBR) P98000096251 **DOCUMENT #**

1. Entity Name



FILED Apr 25, 2003 8:00 am Secretary of State

04-25-2003 90268 027 ***150.00

| ### Address of Business S. Mairing Address | REC SUB IV DEVELOPMENT, INC. | | | | | | | | | | |
|---|--|---|--|-----------------|--|-----------|---|--------------|---------------|-----------------|-----|
| Suria, Apt. #. oft. Suria, Ap | 1500 N FEDERAL HWY 202 FT. LAUDERDALE FL 33304 | | 1500 N FEDERAL HWY 202 FT. LAUDERDALE FL 33304 | | | | | | | | |
| City & State City & State Country Co | Principal Place of Business | | | | | - | | | | 45541 (581 344) | |
| City & State City & State City & State Country 6. Name and Address of Current Registered Agent Name COOK, RICHARD Signature Agent and Address of Current Registered Agent Name Cook PEDERAL HWY FORT LAUDERDALE FL 33304 City FL Zip Code City FL | 0.32 Au # 012 | | Suite Ant # etc | | | 4 | | | | | |
| Section Sect | Suite, Apt. #, etc. | | Sund, Apr. 11, Std. | | | | LJ CHECK HERE IF MAKING CHANGES | | | | |
| **Set Required **Cook, RiCHARD E **Stock Address of Current Registered Agent** **Cook, RiCHARD E **Stock Address (P.O. Box Number is Not Accaptable) **Stock Address (P.O. Box Number is Not Accaptable) **City FL Zip Code** **Stock Address (P.O. Box Number is Not Accaptable) **Stock Address (P.O. Box Number is Not Accaptable) **Stock Address (P.O. Box Number is Not Accaptable) **City FL Zip Code** **City FL Zip Code** **City FL Zip Code** **Stock Address (P.O. Box Number is Not Accaptable) **Stock Address (P.O. Box Number is Not Accaptable) **Stock Address (P.O. Box Number is Not Accaptable) **City FL Zip Code** **City FL Zip Code** **City FL Zip Code** **Stock Address (P.O. Box Number is Not Accaptable) **City FL Zip Code** **City FL Zip Code** **Stock Address (P.O. Box Number is Not Accaptable) **City FL Zip Code** **Stock Address (P.O. Box Number is Not Accaptable) **The Number is Not Accaptable (P.O. Box Number is Not Accaptable) **Stock Address (P.O. Box Number is Not Accaptable) **Stock Address (P.O. Box Number is Not Accaptable) **Stock Address (P.O. Box Number is Not Accaptable) **The Number is Not Accaptable (P.O. Box Number is Not Accaptable) **Stock Address (P.O. Box Number is Not Accaptable) **Stock Address (P.O. Box Number is Not Accaptable) **Stock Address (P.O. Box Number is Not Accaptable) **The Number is Not Accaptable) **Stock Address (P.O. Box Number is N | City & State | | City & State | | | 4. | 59-3435597 | | | | |
| COOK, RICHARD E 1500 N FEDERAL HWY FORT LAUDERDALE FL 33304 6. The above frames entity submits this statement for the purpose of changing its registered agent, or both, in the State of Fordal, it am familiar with, and accept the obligations of registered/agent. SIGNATURE | Zip Country | | Zip | Zip Count | | 5. | Certificate of Status Desired | | | | 1 |
| Street Address (P.O. Box Number is Not Acceptable) Street Address (P.O. Box Number is Not Acceptable) City | | -6Name and Address of Current | Registered Agent | | :::::::::::::::::::::::::::::::::::::: | | Name and Address of New Re | | | | - |
| 1500 N FEDERAL HWY FORT LAUDERDALE FL 33304 City | | | | | Name | | , | | | | Ì |
| FORT LAUDERDALE FL 33304 City FL Zip Code City FL Zip Code 8. The above harmed entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgadians of registered agent and the flegislations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgadians of registered agent up mitted name of registered agent and the flegislations of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgadians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgadians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgadians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgadians of registered agent, or both, in the State of Florida. I am familiar with, and accept the chilgadians of registered agent, or both, in the State of Florida. I am familiar with, and accept the child accept the child accept the children of the chil | - | | | Street Address | | | (P.O. Box Number is Not Acceptable) | | | | |
| 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. SIGNATURE* | | | | | | | • • • • • • • • • • • • • • • • • • • | | | | 1 |
| SIGNATURE: Signature lymen or criteria name of registered agent and tiles if repolicables. (NOTE Registered Agent signature required when rentative) | TOTAL EAG | DENDALL I E 3000Y | | | City | | ******* | FL | Zip Cod | e | |
| SIGNATURE | | | or the purpose of changing | its registere | L ed office or registe | ered aç | gent, or both, in the State of Flori | da. I am fa | miliar with, | and accept | 1 |
| FILE NOW!! FEE IS \$150.00 After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State TO. OFFICERS AND DIRECTORS TITLE P COOK, RICHARD STREET ADDRESS FORT LAUDERDALE FL. 33304 TITLE NAME STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-2IP TITLE NAME STREET ADDRESS STREET | the obligat | ions of registered agent. | | | | | | | | | |
| After May 1, 2003 Fee will be \$550.00 Make Check Payable to Florida Department of State 10. | SIGNATURE : | Signature, typed or printed name of registered agent | and title if applicable. (I | NOTE: Registere | d Agent signature require | ed when r | reinstating) | DATE | | | |
| Arter May 1, 2003 Fee will be \$350.00 Make Check by able to Florida Department of State 10. OFFICERS AND DIRECTORS | - F | ILE NOW!!! FEE IS \$150.00 | | | | | Flaction Compaign Fine | naina | фE 0 | ···· | 1 |
| 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 | | | | | | | | | | | |
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| | | Lertify that the information supplied with | h this filing does not qualify | | [| Section | 119.07(3)(i), Florida Statutes. I f | urther certi | fy that the i | nformation | 1 |

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.

SIGNATURE: