FILED May 15, 2001 8:00 am ^g Secretary of State

DOCUMENT # P98000100322 1. Entity Name3 RIVER LANDINGS HOLDING COMPANY							Secretary of State 05-15-2001 90021 034 ***150.00				
Principal Plac		S	Mailing Address 6150 STATE ROAD 70 E.							9747	216
BRADENTON FL 34208			STE 1450 Bradenton FL 34208								
2. Principal F	Place of Busir	ness	3. Mailing Address								
Suite, Apt. #, etc.			Suite, Apt. #, etc.				DO NOT WRITE IN THIS SPACE				
City & State			City & State				4. FEI Num	ber 65-0881 1	131		oplied For
Zip Country			Zip	try		5. Certificate of Status Desired S8.75 Additional Fee Required					
	- 6. Name	and Address of Current Ro	egistered Agent		Name		7. Name an	d Address of New	Registered	Agent	
CROGHAN, BERNARD M 300 RIVERSIDE DR. E. #1430 BRADENTON FL 94208						ddress (F	(P.O. Box Number is Not Acceptable)				
					6150 State Road 70 East City Bradenton FL Zip God 21						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. 1. Signature, typed or printed name of registered agent and title if applicable. (NOTE: R FILE NOW!!! After MAY 1, 2001 Make Check Payable 11. OFFICERS AND DIRECTORS					IS \$150. will be \$	00 550.00	• T	lection Campaign I rust Fund Contribu	tion.	Added	O May Be to Fees
TITLE NAME STREET ADDRESS CITY-ST-ZIP	4005 AVE	CHARLES E NIDA MADERA ON FL 34210	Delete							☐ Change	Addition
TITLE NAME STREET ADDRESS CITY- ST-ZIP	STE: 1450	N, BERNARD M 19300 RIVERSIDE DR. E. ON FL 84208	☐ Delcte			6150 Bad	State 1	Road 70 E0 -L 34203	lo#	Change	Addition
TITLE NAME Street Address City- St-Zip	W		□ Delete*		T ADORESS ST-ZIP					Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		IT ADDRESS ST-ZIP					☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Delete		T ADORESS ST-ZIP		-			Change	Addition
ITLE IAME STREET ADDRESS STY-ST-ZIP		information supplied with th	☐ Delete	CITY-	T ADDRESS ST-ZIP					☐ Change	Addition

r hereby 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Signature and Types or Printed Name of

Bernard M. Croghan