2008 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Apr 30, 2008 08:00 AM Secretary of State DOCUMENT # P99000076138 1. Entily Name HEITMAN-ELLIS PROPERTIES, INC. Principal Place of Business Mailing Address PO BOX 2765 PO BOX 2765 OCALA FL 34478 OCALA FL 34478 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc Suite, Apt. #, etc 1st MOORE CR2E034 (10/07) Applied For City & State 4. FEI Number City & State 59-3598977 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 Name BOYLE, JACK R JR Street Address (P.O. Box Number is Not Acceptable) 1206 PASADENA AVENUE S SAINT PETERSBURG FL 33707 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. I am familiar with, and accept the coligations of registered agent. SIGNATURE Specific printed into extreme or sequenced agent and the 1-explication (NOTE: Registered Agent argin (Line required when reinstituting) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing **\$5.00** May Be After May 1, 2008 Fee Will Be \$550.00 Trust Fund Centribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change Addition TITLE ☐ Derete BOYLE, JACK R JR. NAME U00000934513 STREET ADDRESS P.O. BOX 4196 STREET ADDRESS 05/23/08-80036-005 150.00 SEMINOLE FL 33775-4196 CITY-ST-ZIP CITY-ST-7IP ☐ Darete Change Addition TITLE STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ De-ete THLE □ Change Addition NAME STREET ADDRESS STREET ADDRESS CHY-ST-ZIP CITY-ST- 7IP Change Addition ☐ De ete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition ☐ Derete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-SI-ZIP CITY-S1-ZIP TITLE ☐ Delete TITLE ☐ Change Accition NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP City St-7i2 12. Thereby certify that the information supplied with this filing does not qualify for the exemptions contained in Section 119. Florida Statutes I further certify that the information indicated on this report or suppliercental report is true and accurate and that my signature shall have the same logal 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.

GILK R. BOLLE JA. JACK R. BOYLE JA. SIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED