2001 UNIFORM BUSINESS REPORT (UBR) DOCUMENT # P99000102701 1. Entity Name TOWN CENTER I OFFICE EQUITY CORPORATION					FILED Feb 07, 2001 8:00 am Secretary of State 02-07-2001 90195 002 ***150.00		
Principal Place of Business 222 LAKEVIEW AVE17TH FLOOR WEST PALM BEACH FL 33401		Mailing Address 222 LAKEVIEW AVE17TH FLOOR WEST PALM BEACH FL 33401			D00	15249	
2. Principal Place of Business 3. Mailing Address							
Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410		Gardens Corporate Center 3801 PGA Boulevard, Suite 555 Palm Beach Gardens, FL 33410 -			FEI Number 65-099088 Certificate of Status Desired	/	oplied For of Applicable ditional
<u> </u>	6. Name and Address of Current F	<u>i</u>			Name and Address of New F	Fee Require	
REG 222 WES 8. The abov	Garde 3801 J Palm J	Beach Gard		FL Zip Cod	e		
Tax filing	By: Lawrence J. Diament, Vice oration is eligible to satisfy its Intangible requirement and elects to do so.	FILE NOW !!! After MAY 1, 200	Agent signa FEE IS \$150 1 Fee will be \$	ture required when r .00 550.00		DATE	0 May Be to Fees
(See criter	ria on back)	Make Check Payable	e to Departmer		DDITIONS/CHANGES TO OFF		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPCO RENDINA, BRUCE A	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	D P C Bruce A. Re Gardens Cor 3801 PGA E	0	Change	Addition Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VS DISALVO, PATRICK J 222 LAKEVIEW AVE, 17TH FLOO WEST PALM BEACH FL 33401	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Patrick J. Dis Gardens Con 3801 PGA E		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZiP	VAS JURAN, LAWRENCE B 222 LAKEVIEW AVE, 17TH FLOOI WEST PALM BEACH FL 33401	Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	Lawrence B. Gardens Cor 3801 PGA E		Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP			Change	Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP		Delete	TITLE NAME STREET ADDRESS CHTY-ST-ZIP			🗌 Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		Delete	TITLE NAME STREET ADDRESS CITY - ST-ZIP			🗌 Change	Addition
indicated of the cor	certify that the information supplied with I on this report or supplemental report is poration or the receiver or Irustee empor , or on an attachment with an address, w	true and accurate and that my wered to execute this report as	r signature shall h	have the same	legal effect as if made under o	oath; that I am an officer e appears in Block 11 or	or director Block 12 if
SIGNAT		INTED NAME OF SIGNING OFFICER OF	Patric R DIRECTORVICE	k J. DiSalvo President	C) Date	(54) 630 5055 Daytime Phone #	5