2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE: À

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Mar 31, 2004 8:00 am Secretary of State DOCUMENT # S99431 1. Entity Name 03-31-2004 90031 015 ***150.00 AVANTI INVESTMENT ADVISORS, INC. Principal Place of Business Mailing Address AVANTI PROPERTIES GROUP 923 PENNSYLVANIA AVE. WINTER PARK FL 32789 AVANTI PROPERTIES GROUP 94040336 923 PENNSYLVANIA AVE. WINTER PARK FL 32789 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. CR2E034 (11/03) 4. FEI Number City & State City & State Applied For 59-1986736 Not Applicable Zip 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 SHAPIRO, MARVIN M. Street Address (P.O. Box Number is Not Acceptable) 923 N. PENNSYLVANIA AVE. WINTER PARK FL 32789 Zio Code FI 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 he obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE. Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE 19 \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. 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 ☐ Delete TITLE Change Addition LOEB, DONALD E. NAME NAME STREET ADDRESS 22 ST CLAIR AVE E #1700 STREET ADDRESS TORONTO ONT CD CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete ☐ Change Addition NAME SCHWARTZ, CHARLES I. STREET ADDRESS 923 N. PENNSYLVANIA AVE. STREET ADDRESS CITY-ST-ZIP WINTER PARK FL 32789 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ■ Addition NAME SHAPIRO, MARVIN M. NAME STREET ADDRESS 923 N. PANNSYLVANIA AVE. STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP WINTER PARK FL 32789 TITLE ☐ Delete TITLE ☐ Change Addition HANSON, JOANN NAME NAME 880 THIRD AVE 3RD FLOOR STREET ADDRESS STREET ADDRESS CITY-ST-ZIP **NEW YORK NY** CITY-ST-ZIP AT ☐ Change ☐ Delete ☐ Addition TITLE TITLE SHERMAN, B NAME MAME 923 N. PENNSYLVANIA AVE. STREET ADDRESS STREET ADDRESS WINTER PARK FL 32789 CITY-ST-ZIP CITY-ST-ZIP ☐ Change TITLE ☐ Delete TITLE Addition ROSEN, DAWN NAME NAME 22 ST. CLAIR AVE E #1700 STREET ADDRESS STREET ADDRESS TORONTO, ONTARIO, CANADA CITY-ST-ZIP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

FILED