2000 UNIFORM BUSINESS REPORT (UBR) FILED May 16, 2000 8:00 am Secretary of State **DOCUMENT # V15421** AGC HOMES, INC. 05-16-2000 90038 025 ***150.00 Mailing Address Principal Place of Business 2601 S BAYSHORE DR. 2601 S BAYSHORE DR. 9TH FLOOR 9TH FLOOR MIAMI FL 33133-5412 MIAMI FL 33133-5461 3. Mailing Address 200 S. Biscayne Boulevard 2. Principal Place of Business 4800 N. Federal Highway DO NOT WRITE IN THIS SPACE Suite, Apt. #, etc. Suite, Apt. #, etc. Suite 4900 Suite 105E Applied For City & State City & State 4. FEI Number 65-0327377 Not Applicable Miami, FL Boca Raton, FL Country \$8.75 Additional Zip 5. Certificate of Status Desired Fee Required 33431 33131 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name K. Lawrence Gragg GOLDMAN, JOEL K Street Address (P.O. Box Number is Not Acceptable) 2601 S BAYSHORE DR. 9TH FLOOR 200 S. Biscayne Blvd., Suite 4900 MIAMI FL 33133-5461 Zip Code Miami flement or the purpose of changing its registered office or registered agent, or both, in the State of Florida 8. The above named entity submits this, SIGNATURE E: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible 10. Election Campaign Financing \$5.00 May Be After MAY 1, 2000 Fee will be \$550.00 Tax filing requirement and elects to do so. Trust Fund Contribution. (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. OFFICERS AND DIRECTORS 12. Change VSD XX Delete TITLE P/D TITLE NAME NAME GOLDMAN, JOEL K. Ackerman, Richard S. STREET ADDRESS STREET ADDRESS 2601 S BAYSHORE DR 4800 N. Federal Highway, Suite 105E CITY-ST-ZIP CITY-ST-ZIP MIAMI FL Boca Raton, FL 33431 Change XX Delete TITLE NAME JEFFREY, THOMAS W. NAME ¢ítlin, Gene STREET ADDRESS 4800 N. Federal Highway, Suite 105E STREET ADDRESS 2601 S. BAYSHORE DRIVE CITY-ST-7IP CITY-ST-ZIP **MIAMI FL 33133** oca Raton, FL 33431 ☐ Addition TITLE TITLE Delete NAME NAME FISCHER, JOHN H. STREET ADDRESS STREET ADDRESS 2601 S. BAYSHORE DRIVE CITY-ST-ZIP CITY-ST-ZIP MIAMI FL ☐ Change Addition VCAS Delete TITLE NAME COOK, PAULA STREET ADDRESS STREET ADDRESS 2601 S BAYSHORE DR CITY-ST-ZIP CITY-ST-ZIP **MIAMI FL 33133** Delete TITLE ☐ Change Addition TITLE LAGUARDIA, JOHN NAME NAME STREET ADDRESS STREET ADDRESS 2601 S BAYSHORE DR CITY-ST-ZIP CITY-ST-7IP MIAMI FL 33133 ☐ Change ☐ Addition TITLE XX Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP

13. 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 trote 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 a address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Richard S. Ackerman 4/30/00 561-395-9666

Date

Daytime Phone #