FILE NOW: Fee after May 1, will be $263.75

APPROVED AND FILED

95 MAR -2 PM 4:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILING FEE $ 238.75

Annual Report $100.00 + $138.75 Corporation Supplemental Fee

Make Check Payable To: FLORIDA DEPARTMENT OF STATE

1. Name and Mailing Address of Limited Liability Company

DOCUMENT # Z00374

INCLINE PROPERTIES OF PASCO, L.C.
1645 PALM BEACH LAKES BLVD.
SUITE 420
WEST PALM BEACH FL 33401

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

1a. Principal Place of Business Address

1645 PALM BEACH LAKES BLVD.
SUITE 420
WEST PALM BEACH FL 33401

2. Mailing Address

Suite, Apt. #, etc.

City & State

Zip | Country

2a. Principal Place of Business

Suite, Apt. #, etc.

City & State

Zip | Country

3. Date Organized or Qualified: 04/19/1991

3a. State of Formation: FL

4. FEI Number: 65-0268096

☐ Applied For
☐ Not Applicable

5. Date of Last Report: 02/01/1994

6. Certificate of Status Desired
$8.75 Additional Fee Required ☐

7. Name and Address of Current Registered Agent

MCINTOSH, ROBERT A.
1645 PALM BEACH LAKES BLVD
SUITE 420
WEST PALM BEACH FL 33401

8. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number Is Not Acceptable)

Suite, Apt. #, etc.

City | Zip Code

FL

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****238.75 ****238.75

9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations.

SIGNATURE _____ DATE _____
(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)

10. Title	Managing Members/Managers	Business Street Address	City, State and Zip Code
M	KOSOY, DAVID	1645 P. BCH LAKES BLVD, #4	W. PALM BEACH FL
M	DANIELS, MYRNA	1645 P. BCH LAKES BLVD, #4	W. PALM BEACH FL
M	MCINTOSH, ROBERT A.	1645 P. BCH LAKES BLVD, #4	W. PALM BEACH FL
M	COWIE, PETER V.	1645 P. BCH LAKES BLVD, #4	W. PALM BEACH FL
M	DIVERSIFIED CAPITAL ,	1645 P. BCH LAKES BLVD, #4	W. PALM BEACH FL

11. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3) (k), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address.

SIGNATURE: _____ 2/27/95 410-684-3364

(SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING MANAGING MEMBER OR MANAGER) Date Daytime Phone #

INTISC10 R(12-94)