


**2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)**

**FILED**  
**Mar 29, 2006 8:00 am**  
**Secretary of State**

03-29-2006 90120 024 \*\*\*150.00

DOCUMENT # L150011  
 1. Entity Name  
**ZUCKERMAN REALTY CORP.**



Principal Place of Business Mailing Address  
 3111 UNIVERSITY DRIVE STE 610 CORAL SPRINGS FL 33065 US  
 3111 UNIVERSITY DRIVE STE 610 CORAL SPRINGS FL 33065 US



2. Principal Place of Business **6131 Lyons Road**  
 Suite, Apt. #, etc. **Suite 200**  
 City & State **COCONUT CREEK, FL**

3. Mailing Address **← SAME**  
 Suite, Apt. #, etc.  
 City & State  
 Zip **33073** Country **USA**

1st MOORE CR2E034 (10/05)  
 4. FEI Number **65-0169782** Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
**HODKIN, PETER M**  
**1 EAST BROWARD BLVD**  
**SUITE #1501**  
**FORT LAUDERDALE FL 33301**

7. Name and Address of New Registered Agent  
 Name  
 Street Address (P.O. Box Number is Not Acceptable)  
**4901 N.W. 17 WAY # 504**  
 City **FORT LAUDERDALE** FL Zip Code **33309**

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 obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee Will Be \$550.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution.  \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE D <input type="checkbox"/> Delete	ZUCKERMAN, TRACY	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	3111 UNIVERSITY DRIVE STE 610	NAME	
STREET ADDRESS	CORAL SPRINGS FL 33065	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete		TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
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NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

12. I hereby 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 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

SIGNATURE: Tracy S. Zuckerman 3/29/06  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #