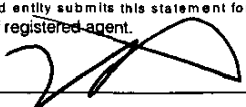
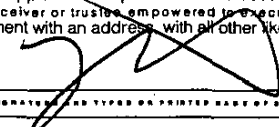


2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 21, 2005 8:00 am
Secretary of State

01-21-2005 90048 046 ****61.25

DOCUMENT # N03000005373 1. Entity Name FUNDERS' NETWORK FOR SMART GROWTH AND LIVABLE COMMUNITIES, INC.			
Principal Place of Business 1500 SAN RENO AVE., STE 177 CORAL GABLES, FL 33146		Mailing Address 1500 SAN RENO AVE., STE 177 CORAL GABLES, FL 33146	
2. Principal Place of Business 1500 San Remo Ave. Suite, Apt. #, etc. Suite 249 City & State Coral Gables, FL Zip 33146 Country USA		3. Mailing Address 1500 San Remo Ave. Suite, Apt. #, etc. Suite 249 City & State Coral Gables, FL Zip 33146 Country USA	
4. FEI Number 57-1173613		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent STARRETT, L. BENJAMIN 1500 SAN RENO AVE., STE 177 CORAL GABLES, FL 33146		7. Name and Address of New Registered Agent Name L. Benjamin Starrett Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Ave., Ste. 249 City Coral Gables FL Zip Code 33146	
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 		DATE 1/4/05	
Filing Fee is \$61.25 Due by May 1, 2005		9. Election Campaign Financing Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees	
Make check payable to Florida Department of State			
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE D ☐ Delete NAME ANTHONY, CARL STREET ADDRESS 320 EAST 43 ST. CITY-ST-ZIP NEW YORK, NY 10017	TITLE PCEO ☒ Change ☐ Addition NAME Starrett, L. Benjamin STREET ADDRESS 1500 San Remo Ave., Ste. 249 CITY-ST-ZIP Coral Gables, FL 33146		
TITLE D ☐ Delete NAME BROOKS, HOOVER STREET ADDRESS 330 MADISON AVE., 30TH FLOOR CITY-ST-ZIP NEW YORK, NY 100175001	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D ☐ Delete NAME FLUHARTY, MARLENE STREET ADDRESS 28115 MEADOWBROOK RD. CITY-ST-ZIP NOVI, MI 483773128	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE F ☐ Delete NAME BARTHOLOMAY, DAN STREET ADDRESS 710 SECOND STREET SOUTH, STE 400 CITY-ST-ZIP MINNEAPOLIS, MN 55401	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE D ☐ Delete NAME MURPHY, KEVIN STREET ADDRESS 501 WASHINGTON ST., STE 801 CITY-ST-ZIP READING, PA 196030212	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS CITY-ST-ZIP		
TITLE PCEO ☐ Delete NAME STARRETT, L. BENJAMIN STREET ADDRESS 1500 SAN REMO AVE., STE 177 CITY-ST-ZIP CORAL GABLES, FL 33146	TITLE ☐ Change ☐ Addition NAME STREET ADDRESS 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 617, 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: 		DATE 1/4/05	
DAYTIME PHONE # 305-667-6350 x206			