2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED May 02, 2005 8:00 am Secretary of State 05-02-2005 90464 047 ***150.00

69.387.782

| DOCUMENT # P02000088442 1. Entity Name BURLINGTON COAT FACTORY REALTY OF SARASOTA, INC. | | | | | | | 00 0 2 2 000 1 | | 130 | .00 |
|--|-------------|---|---|-------------|---|--|-----------------------|--|--|---------------------------|
| Principal Place of Business 1830 ROUTE 130 NORTH C/O TAX DEPT. BURLINGTON, NJ 08016 US | | | Mailing Address 1830 ROUTE 130 NORTH C/O TAX DEPT. BURLINGTON, NJ 08016 US | | | | | 1 110/11/1 1 0/10/1 10/13/ | # ################################### | 1881 it 1888: |
| 2. Principal Place of Business | | | 3. Mailing Address | | | | | | | |
| Suite, Apt. #, etc. | | | Suite, Apt. #, etc. | | | 04122005 | Chg-P | CR2E034 | l (10/03) | |
| City & State | | | City & State | | | 4. FEI Numb | | | <u> </u> | plied For t Applicable |
| Zip | Zip Country | | Zip | Zip Country | | 5. Certificate of Status Desired Status Desired \$8.75 Additional Fee Required | | | | |
| 6. Name and Address of Current Registered Agent | | | | | 7. Name and Address of New Registered Agent | | | | | |
| SEALE, WADE 25813 ROUTE 19 N CLEARWATER, FL 33763 | | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | |
| | | | | | City | | | FL | Zip Code | • |
| 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 | | | | | | | | | | |
| Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE | | | | | | | | | | |
| FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00 9. Election Campaign Financing Trust Fund Contribution. | | | | | | .00 May Be ded to Fees | | | | |
| 10. | | OFFICERS AND | | 11. | | ADDITIONS | /CHANGES TO OFF | | _ | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1830 ROI | N, MONROE G UTE 130 N STON, NJ 08016 | ☐ Delets | | l l | | | | Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1830 ROI | N, ANDREW R UTE 130 N. STON, NJ 08016 | ☐ Delete | | l l | | | | ☐ Change | ☐ Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | TANG, UTE 130 N STON, NJ 08016 | PAVL C. | | | TANG, P | AUL C. | ر | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1830 RO | A, ROBERT L UTE 130 N GTON, NJ 08016 | □ Delete | | | | | 1 | ☐ Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | 1830 RO | N, STEPHEN E UTE 130 N GTON, NJ 08016 | □ Delete | 9 | | | | | Change | Addition |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | | | ☐ Delete | | | | | | ☐ Change | Addition |
| 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 regiver 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 attaching must han address, with all other like empowered. | | | | | | | | | | |