


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

**FILED**  
**Mar 15, 2005 8:00 am**  
**Secretary of State**

03-15-2005 90025 005 \*\*\*150.00

DOCUMENT # P97000063353		
1. Entity Name VINERIDGE LANDING, INC.		

Principal Place of Business C/O SENTINEL REAL ESTATE 1251 AVENUE OF THE AMERICAS, 36TH FL NEW YORK NY 10020 US	Mailing Address C/O SENTINEL REAL ESTATE 1251 AVENUE OF THE AMERICAS, 36TH FL NEW YORK NY 10020 US
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



1st MOORE CR2E034 (10/04)

4. FEI Number <b>65-0769748</b>				Applied For
				Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>				<b>\$8.75</b> Additional Fee Required
6. Name and Address of Current Registered Agent  NRAI SERVICES, INC. 526 E. PARK AVENUE TALLAHASSEE FL 32301			7. Name and Address of New Registered Agent	
			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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee Will Be \$550.00</b> <b>Make Check Payable to Florida Department of State</b>	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees
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10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE	P	<input checked="" type="checkbox"/> Delete		TITLE	D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	STREICKER, JOHN H			NAME	Weinberger, Michael		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS			STREET ADDRESS	1251 Avenue of the Americas		
CITY-ST-ZIP	NEW YORK NY 10020			CITY-ST-ZIP	New York, NY 10020		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	P	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CASSIDY, MILLIE C			NAME	Cassidy, Millie C.		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS			STREET ADDRESS	1251 Avenue of the Americas		
CITY-ST-ZIP	NEW YORK NY 10020			CITY-ST-ZIP	New York, NY 10020		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	BELLI, NOEL			NAME	Belli, Noel		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS			STREET ADDRESS	1251 Avenue of the Americas		
CITY-ST-ZIP	NEW YORK NY 10020			CITY-ST-ZIP	New York, NY 10020		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	WEINER, DAVID			NAME	Weiner, David		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS			STREET ADDRESS	1251 Avenue of the Americas		
CITY-ST-ZIP	NEW YORK NY 10020			CITY-ST-ZIP	New York, NY 10020		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	V	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LEWIS, JACQUES			NAME	Lewis, Jacques		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS			STREET ADDRESS	1251 Avenue of the Americas		
CITY-ST-ZIP	NEW YORK NY 10020			CITY-ST-ZIP	New York, NY 10020		
TITLE	VP	<input type="checkbox"/> Delete		TITLE	VTD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	TIETJEN, GEORGE			NAME	Tietjen, George		
STREET ADDRESS	1251 AVENUE OF THE AMERICAS			STREET ADDRESS	1251 Avenue of the Americas		
CITY-ST-ZIP	NEW YORK NY 10020			CITY-ST-ZIP	New York, NY 10020		

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 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: *George Tietjen* Date: 2/14/05 Daytime Phone #: (212)408-5000  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR