

**2005 FOR PROFIT CORPORATION ANNUAL REPORT**

**FILED**  
**Apr 30, 2005 08:00 AM**  
**Secretary of State**

DOCUMENT # P98000012549

1. Entity Name  
 GRASSY CAY, INC.



Principal Place of Business  
 ONE FINACIAL PLAZA  
 STE 2700  
 FORT LAUDERDALE, FL 33394

Mailing Address  
 ONE FINACIAL PLAZA  
 STE 2700  
 FORT LAUDERDALE, FL 33394



03312005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number 65-0812679 Applied For Not Applicable  
 5. Certificate of Status Desired  \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

IMPERATO, GABRIEL L  
 C/O BROAD AND CASSEL  
 ONE FINANCIAL PLAZA STE 2700  
 FORT LAUDERDALE, FL 33394

**DO NOT WRITE IN THIS SPACE**

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, 2005 Fee will be \$550.00**

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

U00000345627  
 04/30/05 00045 000 150.00

10. OFFICERS AND DIRECTORS

TITLE	D
NAME	IMPERATO, GABRIEL L
STREET ADDRESS	ONE FINANCIAL PLAZA STE 2700
CITY-ST-ZIP	FT. LAUDERDALE, FL 33394
TITLE	D
NAME	GILLESPIE, JOHN R JR
STREET ADDRESS	TOWER 101 STE 1700 101 NE 3RD AVE
CITY-ST-ZIP	FORT LAUDERDALE, FL 33301
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 filers empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/05

Date Daytime Phone #