## **2006 FOR PROFIT CORPORATION ANNUAL REPORT**

## FILED Apr 11, 2006 8:00 am Secretary of State 04-11-2006 90098 005 \*\*\*150.00

Principal Place of Business   1365 N.W. 4TH STREET   PEMBROKE PINES, FL 33028	DOCUMENT # P99000060434  1. Entity Name FALLS AT MARINA BAY, INC.							04-11-2006	90098 005 ***15	50.00	
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S. Certificate of Status Desired   3-0-7 Additional Fee Required Fee R	City & State		City & State								
Name	Zip	Country	- Zip	Coun	try		5. Certificate	of Status Desired			
Survey Address (P.O. Box Number is Not Acceptable)   Sinest Address (P.O. Box Number is Not Acceptable)   Survey Address (P.O. Box Number is Not Acceptable)   City   FL   Zip Code		6. Name and Address of Current	Registered Agent				7. Name and	Address of New R			
Street Address (P.O. Box Number is Not Acceptable)    City   FL   Zip Code	) LIDIEN, CLICAN				Name	i <del>e</del>					
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE	3272 RIDGE TRACE				Street Address (P.O. Box Number is Not Acceptable)						
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.    SIGNATURE									<del></del> -		
SIGNATURE    Signature   Properties of privace registered agent and size if applicable.   (NOTE Registered Agent separate required when restitating)   DATE					'	<b>FL</b>   ' ' ' '					
Signature. Speed or private rame of regressmed speet and take if accolocable. (NOTE: Registered Apport sepature required short exprasure required twon necessary).    Application   Campaign Financing   S5.00 May Be Added to Fees	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.										
After May 1, 2006 Fee will be \$55.00  Trust Fund Contribution.   Added to Fees    10. OFFICERS AND DIRECTORS   11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11  ITILE DPT											
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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 eath; 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.

I SUSAN LUPLEN SIGNATURE: \( \overline{\pi} \)