


# 2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Jan 31, 2005 8:00 am**  
**Secretary of State**

01-31-2005 90075 039 \*\*\*\*70.00

<b>DOCUMENT # N94000002150</b>	
1. Entity Name SGI SUPPORTIVE HOUSING, INC.	

Principal Place of Business STEIN GERONTOLOGICAL INSTITUTE 5200 NE 2ND AVE MIAMI, FL 33137-2706	Mailing Address STEIN GERONTOLOGICAL INSTITUTE 5200 NE 2ND AVE MIAMI, FL 33137-2706
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**50008762**

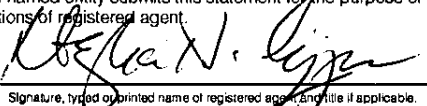


2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country

01042005 Chg-NP CR2E037 (10/03)

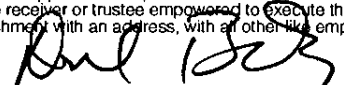
4. FEI Number 65-0492054	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent ROOS, BERNARD A STEIN GERONTOLOGICAL INSTITUTE 5200 NE 2ND AVE MIAMI, FL 33137		7. Name and Address of New Registered Agent Name <b>Stephen H. Cypen</b> Street Address (P.O. Box Number is Not Acceptable) <b>825 Arthur Godfrey Road</b> City <b>Miami Beach,</b> <b>FL</b> Zip Code <b>33130</b>	
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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 	Stephen H. Cypen 1.25.05 (NOTE: Registered Agent signature required when reinstating) DATE

Filing Fee is \$61.25 Due by May 1, 2005	9. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	Make check payable to Florida Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D CYPEN, IRVING <input type="checkbox"/> Delete 825 ARTHUR GODFREY RD MIAMI BEACH, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CYPEN, WAYNE A <input type="checkbox"/> Delete 825 ARTHUR GODFREY RD MIAMI BEACH, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD CYPEN, STEPHEN H <input type="checkbox"/> Delete 825 ARTHUR GODFREY RD MIAMI BEACH, FL 33130	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD BECK, HAROLD <input type="checkbox"/> Delete 700 CORAL WAY CORAL GABLES, FL 33134	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADY, DAN <input type="checkbox"/> Delete 701 LINCOLN ROAD MIAMI BEACH, FL 33139	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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 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 an other like empowered.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	Daniel Brady 1/18/05 305 751-8626 Date Daytime Phone #