## 2005 FOR PROFIT CORPORATION ANNUAL REPORT

CITY-ST-ZIP

SIGNATURE:

## Mar 29, 2005 08:00 AM **DOCUMENT # P94000084207 Secretary of State** 1. Entity Name INVERNESS REALTY CORP. Principal Place of Business \_\_\_\_ Mailing Address 3109 STIRLING ROAD STE. 200 3109 STIRLING ROAD STE. 200 FORT LAUDERDALE, FL 33312 FORT LAUDERDALE, FL 33312 03162005 No Chg-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0587122 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent ACKERMAN, MELISSA DO NOT WRITE 3109 STIRLING RD #200 FORT LAUDERDALE, FL 33312 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. Signature, typed or printed name of registered agent and title if applicable (NOTE, Registered Agent signature required when reinstating) \$5.00 May Be 9. Election Campaign Financing U00000279770 FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2005 Fee will be \$550.00 Added to Fees 03/29/05-80010-008 150.00 10. OFFICERS AND DIRECTORS TITLE SCHOTTENSTEIN, JEFFREY NAME 1000 BRICKELL AVE STE 910 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 VPS TITLE ACKERMAN, MELISSA NAME STREET ADDRESS 3109 STIRLING RD., #200 CITY-ST-ZIP FT LAUDERDALE, FL VPT TITLE BURDMAN, LEE NAME STREET ADDRESS **5050 BELMONT AVENUE** DO NOT WRITE CITY-ST-ZIP YOUNGSTOWN, OH 44505 IN THIS SPACE TITLE LEVY, JONATHAN NAME STREET ADDRESS 5050 BELMONT AVENUE CITY-ST-ZIP YOUNGSTOWN, OH 44505 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS

I hereby certify that the information supplied with this filling 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 to stee 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

954 962-9700

Date

Davtime Phone #

FILED