


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90039 013 ***150.00

DOCUMENT # 102535 1. Entry Name BRIAR BAY PROPERTIES INC.	
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Principal Place of Business 8525 OLD CUTLER RD. MIAMI, FL 33255	Mailing Address 701 BRICKELL AVENUE, SUITE 3000 MIAMI, FL 33131
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2. Principal Place of Business 14000 SW CITRUS BLVD Suite, Apt. #, etc.	3. Mailing Address PO BOX 801 Suite, Apt. #, etc.
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03012004 Chg-P CR2E034 (10/03)

City & State INDIANTOWN FL	City & State INDIANTOWN FL	4. FEI Number 59-6060963	Applied For Not Applicable
Zip 34956	Country USA	Zip 34956	Country USA

6. Name and Address of Current Registered Agent ROSEN, BORIS 150 SE 2ND AVE STE 1200 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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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)

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

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

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROUP, HELENE Z. <input type="checkbox"/> Delete 8525 OLD CUTLER RD. CORAL GABLES, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DPTS TROUP, HELENE Z. <input checked="" type="checkbox"/> Delete 730 S ALHAMBRA CIR CORAL GABLES, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROUP, LANCE <input type="checkbox"/> Delete 730 S ALHAMBRA CIR MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROUP, WILLIAM <input type="checkbox"/> Delete 730 S ALHAMBRA CIR MIAMI, FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD TROUP, HELENE Z. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 730 S. ALHAMBRA CIRCLE CORAL GABLES FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROUP, LANCE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 924 S. ALHAMBRA CIRCLE CORAL GABLES FL 33146
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP TROUP, WILLIAM <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 9601 SW CITRUS BLVD INDIANTOWN FL 34956
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"/> 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 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: William J. Troup 3/1/04 772 260 4430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #