2007 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

AMENDED	ANNUAL REPO	RT	FILED					
DOCUMENT # 565870			PAGE 04905 23 PM 1:17					
PRIME REALTY ASSOCIATES	, INC.							
Principal Place of Business	Mailing Address	O MI	SEGN. STATE TALLAHASSEE, FLORIDA					
6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US	C/O CORP SERVICE CO							
2. Principal Place of Business - No P.O. Box	# 3. Mailing Address	2301 US						
Suite, Apt. #, etc.	Suite, Apt. #, etc.		04262007 Chg-P CR2E034 (12/06)					
City & State	City & State		4. FEI Number Applied For					
Zip Country	Zip	Country	65-0171493 Not Applicable 5. Certificate of Status Desired \$8.75 Additional					
6. Name and Address of C	urrent Registered Agent		7. Name and Address of New Registered Agent					
O. Hazira alto Addiesa of C	arrent registered Agent	Name						
CORPORATION SERVICE COMP. 1201 HAYS STREET	NY		Street Address (P.O. Boy Number is Not Acceptable)					
TALLAHASSEE, FL 32301		2950	Street Address (P.O. Box Number is Not Acceptable)					
		city Ho	14000 FL Zip Gode 33024					
The above named entity submits this state the obligations of registered agent	ment for the purpose of changing is		red agent, or both, in the State of Florida. I am familiar with, and accept					
SIGNATURE Signature, wheed or printed name of register	red agent and tille if applicable. (NC	DTE. Registered Agent signature require	d when reinstating) Q/25/07 DATE					
Amended AR is \$61.25	9. Election Camp Trust Fund Co	ntribution. Add	.00 May Bed 00107545914 ded to Fe938/08/0701045007 **367.50					
	S AND DIRECTORS	11.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11					
NAME CANNATARO, BARBARA	Defele	naue A	NNATARO BARBARA RICHARDO					
STREET ADDRESS 6300 PARK OF COMMER CITY-ST-ZIP BOCA RATON, FL 33487	CE BLVD	STREET ADDRESS (>	SOC PARK OF COMMERCE BING					
TITLE - VP	☐ Delete	TITLE 1	CA RATUN, FL 33487					
NAME LESTER, ANDREW C	OE BLVD	NAME LES	PD STER, ANDREW C SChange Addition STER, ANDREW C COMMERCE BIVEL					
STREET ADDRESS 6300 PARK OF COMMER CITY-SI-ZIP BOCA RATON, FL 33487	CE BLVU.	STREET ADDRESS CITY-ST-ZIP	CCA RATUN FL 33487					
TITLE AS	Delete	TITLE C	. Change Addition					
NAME FRIEDRIECHSEN, JOHN STREET ADDRESS 1140 BAY STREET, STE.			UNIN, Richard SO N 28 TERRACE 33020					
CITY-ST-ZIP TORONTO, ON m552b4		HO	My Wice b, I-L JJe 20					
TITLE D NAME SWATT, MYRON L	- Delete	TITLE AT	OVE DOUGLACE					
STREET ADDRESS 6300 PARK OF COMMER	CE BLVD	STREET ADDRESS	RONTO, ONTARIO M 5 5 ZBIF					
CITY-ST-ZIP BOCA RATON, FL 33487	☐ Defete	CITY-SI-ZIP TO	Thange Addition					
NAME LANG, WENDY		NAME LA	NG, WENDY COMMERCE BIVE					
STREET ADDRESS 6300 PARK OF COMMER CITY-ST-ZIP BOCA RATON, FL 33487	CE BLAD	CITY-ST-ZIP (50	CA KATON, FL 35481					
TITLE CEOP	☐ Delete	TITLE CE	Change Addition					
NAME SOLLINS, CHARLES D STREET ADDRESS 6300 PARK OF COMMER	CE BLVD	STREET ADDRESS 50	LLINS, CHARLES D Change Addition CO PARK OF COMMERCE BIND					
CITY-ST-ZIP BOCA RATON, FL 33487		2 CHY-51-21P T	BOLA RATON FL S3487					
12. I hereby certify that the information supplied with this filing does not could be contained in Chapter 119, 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 life empowered.								
SIGNATURE: SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: Date Date Descript Phone #								

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	AMENDED ANN	UAL REPOR	<u>k</u> T			0.		206)		
1. Entity Nam	MENT #565870 EALTY ASSOCIATES, INC.					ΓA	G- (-)	20F L		
Principal Place of Business Mailing		Mailing Address	failing Address							
6300 PARK OF COMMERCE BLVD. BOCA RATON, FL 33487 US		C/O CORP SERVICE COMPANY 1201 HAYS ST TALLAHASSEE, FL 32301 US			1 10 0 10 10 10 10 10 10	PION SING (11:06 1810) 11	TII BITKI BITKI BITKI BITKI TITII BIT	 		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address								
Suite, Apt. #, etc.		Suite, Apt. #, etc.			04262007	Chg-P	CR2E034 (12/06)			
City & State		City & State			4. FEI Number 65-0171		 ·	oplied For ot Applicable		
Zip	Country	Zip	ry		5. Certificate o	of Status Desired	□ \$8.75 Add Fee Require			
	6. Name and Address of Current R	egistered Agent				7. Name and A	Address of New I	Registered Agent		
CORPORATION SERVICE COMPANY				Name N	TH	ONY	KALLI	CHE, ESU	UIRE	
1201 HAY	S STREET SSEE, FL 32301			Street Address (P.O. Box Number is Not Acceptable)						
				City /	6/1	111111111	/	FL Zip Cod	90.20	
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										
Signature, typed of printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE										
Amended AR is \$61.25 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees										
10.	OFFICERS AND C	IRECTORS	11.			ADDITIONS/C	CHANGES TO OF	FICERS AND DIRECTOR	S IN 11	
TITLE NAME	CANNATARO, BARBARA	Co Delete	TITLE			CTEN	15(FN) C	Change	Addition	
STREET ADDRESS	6300 PARK OF COMMERCE BLV	D Pare 1 /	. 1	ET ADDRESS	295	ON	1SEN, S	RALE		
CITY-ST-ZIP	BOCA RATON, FL 33487	- Turke	CITY-	ST-ZIP		14 woo	od FL	33020		
TITLE	VP LESTER, ANDREW C	☐ Delete	TITLE			,		☐ Change	Addition	
STREET ADDRESS	6300 PARK OF COMMERCE BLV	D. /	1	T ADDRESS						
CITY · SI - ZIP	BOCA RATON, FL 33487		CITY-	ST-ZIP			.			
TITLE NAME	AS FRIEDRIECHSEN, JOHN	☐ Delete	TITLE	I .				☐ Change	☐ Addition	
STREET ADDRESS	1140 BAY STREET, STE. 4000			ET ADDRESS						
CITY-ST-ZIP	TORONTO, ON m552b4	/	CITY-	ST-ZIP						
TITLE NAME	D SWATT, MYRON L	☐ Delete	TITLE	I				Change	☐ Addition	
STREET ADDRESS	6300 PARK OF COMMERCE BLV	٥		ET ADDRESS						
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY-	ST-ZIP						
TITLE	ST	☐ Delete	TITLE	I				☐ Change	☐ Addition	
NAME STREET ADDRESS	LANG, WENDY 6300 PARK OF COMMERCE BLV	D \	NAME	ET ADDRESS					•	
CITY-ST-ZIP	BOCA RATION, FL 33487		CITY-	-\$T-ZIP						
TITLE	CEOP/	☐ Delete	TITLE					☐ Change	☐ Addition	
NAME STREET ADDRESS	SOLIANS, CHARLES D 6300 PARK OF COMMERCE BLV	D	NAME STREE	ET ADDRESS						
CITY-ST-ZIP	BOCA RATON, FL 33487		CITY	-ST-ZIP						
12. I hereby certify that the information supplied with this filling does not qualify for the exemptions contained in Chapter 119. Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and actuate 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 secute this execute this 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 ther like empowered.										
212.102 514 016 5071										
JUNA	SIGNATURE AND TYPED OR PE	SIGNATURE: SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE SIGNATURE Date Daytime Phone #								