

**2006 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Feb 06, 2006 08:00 AM**  
**Secretary of State**

**DOCUMENT # 579791**

1. Entity Name  
**PARKER TAMPA TWO, INC.**



Principal Place of Business  
**5365 HARBORSIDE DR  
TAMPA, FL 33615 US**

Mailing Address  
**1700 BROADWAY, 34TH FL  
LEGAL DEPT.  
NEW YORK CITY, NY 10019 US**



01242006 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**58-1843429**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75** Additional  
Fee Required

**6. Name and Address of Current Registered Agent**

**ANDREW SERVICE CORPORATION OF FL  
201 N FRANKLIN ST, STE 2100  
TAMPA, FL 33602**

**DO NOT WRITE  
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 renewing)

DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2006 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 GLICK, ADAM 1700 BROADWAY, 34TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPDS VAGANAY, JEAN-PIERRE 1700 BROADWAY, 34TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD SIEGEL, BRADLEY R ESQ 1700 BROADWAY, 34TH FLOOR NEW YORK, NY 10019
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPT REISMAN, JOHN 9001 DANIELS PKWY, STE. 200 FORT MYERS, FL 33912
TITLE NAME STREET ADDRESS CITY-ST-ZIP	AS MITCHELL, STEPHEN 201 N.FRANKLIN STREET,STE 2100 TAMPA, FL 33602
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

000000423588  
02/18/06-80014-010 150.00

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing 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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Jean-Pierre Vaganay* Date **2-2-2006** Daytime Phone # **(212) 333-3353**