


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 21, 2008 08:00 AM
Secretary of State

DOCUMENT # 712756 1. Entity Name TEMPLE EMANU-EL OF GREATER MIAMI, INC.	
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Principal Place of Business 1701 WASHINGTON AVE MIAMI BEACH, FL 33139	Mailing Address 1701 WASHINGTON AVE MIAMI BEACH, FL 33139
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DO NOT WRITE IN THIS SPACE



01082008 No Chg-NP CR2E037 (4/06)

4. FEI Number 59-0711180	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent LEHRMAN, RICHARD A 777 41ST ST 4TH FL MIAMI BCH, FL 33140	DO NOT WRITE IN THIS SPACE
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25 Due by May 1, 2008	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	U00000413820 05/08/08-B0031-013 61.25
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10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D JACOBS, JERRY A 5600 COLLINS AVE APT. 4E MIAMI BEACH, FL 33140
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP/D KAPLAN, IAN 1717 N. BAYSHORE DR. SUITE 2000 MIAMI, FL 33132
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CO/D TENENBAUM, LEON 7270 NW 12TH STREET, STE 250 MIAMI, FL 33126
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

**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 617, 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: 	04/16/08 Date	305 338-2603 Daytime Phone #
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		