FILED Apr 13, 2007 8:00 am Secretary of State

| ANNUAL REPORT | |
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| DOCUMENT # 728399 | | | | | 04-13-2007 90159 018 ****61.25 | | | | | |
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| 1. Entity Nam SOUTH S | HORE CONDOMINIUM AS | SOCIATION, INC. | | | | ~ = 0.1 NI | | | | |
| Principal Place of Business Mailing Address 8950 NE 8TH AVE 8950 NE 8TH AVE # 209 # 209 | | 8950 NE 8TH AVE | | | 40 | 05910 | J | | | |
| # 209 # 209 MIAMI, FL 33138 MIAMI, FL 33138 | | | | | | | | | | |
| Principal Place of Business - No P.O. Box # 3. Mailing Address | | | | | | | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | ng-NP | CR2E037 | | | | |
| City & State City & State | | · | | | 4. FEI Number 59-183323 | 8 | _ | No | oplied For ot Applicable | |
| Zip - | Country | Zip | Country | | 5. Certificate of St | | □ Fe | 8.75 Add se Require | | |
| | 6. Name and Address of Current F | Registered Agent | Name | | 7. Name and Add | ress of New R | Registered Ag | ent | | |
| HABER & GANGUZZA L.P ONE SOUTH EAST THIRD AVENUE | | | | Name Street Address (P.O. Box Number is Not Acceptable) | | | | | | |
| SUITE 182 MIAMI, FL | | | | | | | | | | |
| : | | | City | | | | FL | Zip Code | е | |
| | named entity submits this statement for ions of registered agent. | the purpose of changing its | registered office or | register | ed agent, or both, in | the State of Fk | orida. I am far | niliar with, | and accept | |
| SIGNATURE . | Signature, typed or printed name of registered agent a | and title if applicable (NOTE | Registered Agent signatur | on required | when resolution | | DATE | | _ | |
| | | | | | Multiput percustratifi) | | | | | |
| | Filing Fee is \$61.25 Due by May 1, 2007 | 9. Election Carr Trust Fund C | npaign Financing | | \$5.00 May Be Added to Fees | | lake check p rida Departn | | | |
| 10. | | Trust Fund C | npaign Financing | | \$5.00 May Be | Flor | rida Departn | nent of St | tate | |
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| TITLE NAME | OFFICERS AND DIR S BLUM, VALERIE | Trust Fund C | npaign Financing contribution. [| □ | \$5.00 May Be Added to Fees ADDITIONS/CHANG | Flor ES TO OFFICE RREAL | RS AND DIRE | CTORS IN | tate | |
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SIGNATURE AND TYPED OR BRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #