FILED Jan 23, 2008 08:00 AN tate :

ANNUAL REPORT				Secretary of S			
1. Entity Nau							
TARGET	TINVESTMENT PROPERTIES	, INC.					
Principal Pla	ce of Business	Mailing Address					
	ADOR, SUITE 2100	ATTN: L. AMADOR, SUITE 210	00		•		
801 BRICKELL AVE. 801 BRICKELL AVE. MIAMI, FL 33131-2902 MIAMI, FL 33131-2902				2011 2011 0011 0011 0010 0	irm imirm riderl i hillikki il idini		
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	ONOT WRITE			01092008 No	Chg-P CR2E0	34 (11/05)	
E	ONO VYRIJE	NAI HIS SPA	CE A	4. FEI Number		Applied For	
			To Ann	58-2365730	Butter D	\$8.75 Additional	
				5. Certificate of Statu		Fee Required	
	6. Name and Address of Current Reg	Istered Agent			en de la companya de	and 44 and 45	
AMADOR				DO NO	TWRITE		
801 BRICKELL AVE. SUITE 2100					S SPACE	CONTRACTOR OF THE STATE OF THE	
MIAMI, FL	_ 33131-2902						
A The show	e named entity submits this statement for the	numana of changing its registe		ad agget or both in the		amiliar with and accept	
	tions of registered agent.	purpose of changing its registo	ilen cilica oi ledistei	ed agent, or bout, at the	Ciate Of Forige. Faire	anna wan and accept	
SIGNATURE.					DATE		
	Signature, typed or printed name of registered agent and fit	e k applicable (NOTE: Pegister	red Agent signatura required	Auto (elusarud)	DATE		
	E NOW!!! FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	9. Election Campaign Fina Trust Fund Contribution		00 May Be ed to Fees			
10	OFFICERS AND DIRE	ECTORS			Annie 1		
117LE NAME	D TILLMAN, CARNE	•					
STREET ADDRESS	103 FOULK ROAD, SUITE 200						
CITY-ST-ZIP	WILMINGTON, DE 19803	···············					
NAME							
STREET ADDRESS CITY-ST-ZIP					Turren 75		
TITLE						n Hawn Tak T 20 x 10	
NAME STREET ADDRESS	•						
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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 suppliemental report is true and accurate and that my signature shall have the same legal effect as if made under certify that I am an officer or director of the corporation or the receiver or truetoe ampowered the 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 additional properties.

SIGNATURE: _

SIGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR