

2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F03000000193

FILED
Apr 24, 2008
Secretary of State

Entity Name: KIMCO 129 FLORIDA, INC.

Current Principal Place of Business:

3333 NEW HYDE PARK RD.
SUITE 100
NEW HYDE PARK, NY 11042

New Principal Place of Business:

3333 NEW HYDE PARK ROAD SUITE 100
NEW HYDE PARK, NY 11042

Current Mailing Address:

3333 NEW HYDE PARK RD.
SUITE 100
NEW HYDE PARK, NY 11042

New Mailing Address:

3333 NEW HYDE PARK ROAD SUITE 100
NEW HYDE PARK, NY 11042

FEI Number: 55-0816375

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 333242525 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent

_____ Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: VP () Delete
Name: SCHINDLER, MICHAEL
Address: 3333 NEW HYDE PARK RD.
City-St-Zip: NEW HYDE PARK, NY 11042

Title: DC (X) Delete
Name: COOPER, MILTON
Address: 3333 NEW HYDE PARK RD.
City-St-Zip: NEW HYDE PARK, NY 11042

Title: DPC (X) Delete
Name: FLYNN, MICHAEL J
Address: 3333 NEW HYDE PARK RD.
City-St-Zip: NEW HYDE PARK, NY 11042

Title: D (X) Delete
Name: DOOLEY, RICHARD
Address: 3333 NEW HYDE PARK RD.
City-St-Zip: NEW HYDE PARK, NY 11042

Title: D (X) Delete
Name: LOURENSO, FRANK
Address: 3333 NEW HYDE PARK RD.
City-St-Zip: NEW HYDE PARK, NY 11042

Title: D (X) Delete
Name: GRILLS, JOE
Address: 3333 NEW HYDE PARK RD.
City-St-Zip: NEW HYDE PARK, NY 11042

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: VP (X) Change () Addition
Name: SIMMONS, WILBUR E VP
Address: 3333 NEW HYDE PARK ROAD SUITE 100
City-St-Zip: NEW HYDE PARK, NY 11042

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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Name:
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Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 electronic 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 above, or on an attachment with an address, with all other like empowered.

SIGNATURE: CRYSTAL FICKEN

POA

04/24/2008

Electronic Signature of Signing Officer or Director

_____ Date