


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 28, 2005 8:00 am**  
**Secretary of State**

04-28-2005 90158 007 \*\*\*150.00

<b>DOCUMENT # F04000001658</b> 1. Entity Name <b>DEERWOOD LAKE COMMONS OWNER CORP</b>					
Principal Place of Business <b>8 CAMPUS DRIVE, THE PRUDENTIAL INSURANCE C OMPANY OF AMERICA PARSIPPANY, NJ 07054</b>			Mailing Address <b>8 CAMPUS DRIVE, THE PRUDENTIAL INSURANCE C OMPANY OF AMERICA PARSIPPANY, NJ 07054</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				<b>FL</b> Zip Code	
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 _____					
<b>FILE NOW!!! FEE IS \$150.00</b> <b>After May 1, 2005 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees			
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11		
TITLE	CV	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUSSELL, DAVID			NAME	
STREET ADDRESS	ELEVEN MADISON AVENUE			STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10010			CITY-ST-ZIP	
TITLE	DP	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ARPEY, MICHAEL			NAME	
STREET ADDRESS	ELEVEN MADISON AVENUE			STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10010			CITY-ST-ZIP	
TITLE	DVS	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLY, MATTHEW			NAME	
STREET ADDRESS	ELEVEN MADISON AVENUE			STREET ADDRESS	
CITY-ST-ZIP	NEW YORK, NY 10010			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STRONE, MICHAEL			NAME	
STREET ADDRESS	10 GENESEE TRAIL			STREET ADDRESS	
CITY-ST-ZIP	HARRISON, NY 10528			CITY-ST-ZIP	
TITLE	D	<input type="checkbox"/> Delete		TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALSON, ANDREW			NAME	
STREET ADDRESS	10 GENESEE TRAIL			STREET ADDRESS	
CITY-ST-ZIP	HARRISON, NY 10528			CITY-ST-ZIP	
TITLE	<input type="checkbox"/> Delete			TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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 like empowered.					
SIGNATURE: <u>Joanna MulFord</u> <b>Joanna MulFord</b> 4-25-05 973 7341300					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

V.P. Prudential Investment Management, Inc.,