

2007 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F04000002648

FILED
Mar 12, 2007
Secretary of State

Entity Name: PARK VIEW SQUARE OWNER CORP.

Current Principal Place of Business:

C/O THE PRUDENTIAL INSURANCE CO. OF AM
8 CAMPUS DRIVE
PARSIPPANY, NJ 07054

New Principal Place of Business:

Current Mailing Address:

C/O THE PRUDENTIAL INSURANCE CO. OF AM
8 CAMPUS DRIVE
PARSIPPANY, NJ 07054

New Mailing Address:

FEI Number: 20-1047630

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 323012525 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: PD () Delete
Name: ARPEY, MICHAEL
Address: ELEVEN MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: VCD () Delete
Name: RUSSELL, DAVID
Address: ELEVEN MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: VSD () Delete
Name: KELLY, MATTHEW
Address: ELEVEN MADISON AVENUE
City-St-Zip: NEW YORK, NY 10010

Title: D () Delete
Name: STONE, MICHAEL
Address: 10 GENESEE TRAIL
City-St-Zip: HARRISON, NY 10528

Title: D () Delete
Name: ALSON, ANDREW
Address: 10 GENESEE TRAIL
City-St-Zip: HARRISON, NY 10528

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

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

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

Title: () Change () Addition
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 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: CATHERINE L VERHOFF, ASST. SECRETARY
Electronic Signature of Signing Officer or Director

AS

03/12/2007

Date