

2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 29, 2008 08:00 AM
Secretary of State

DOCUMENT # F05000005786

1. Entity Name

AG FLORIDA LAND MANAGER, INC.



Principal Place of Business

C/O ANGELO, GORDON & CO., L.P.
245 PARK AVENUE, 26TH FLOOR
NEW YORK, NY 10167

Mailing Address

C/O ANGELO, GORDON & CO., L.P.
245 PARK AVENUE, 26TH FLOOR
NEW YORK, NY 10167



04212008

No Chg-P

CR2E034 (11/05)

4. FEI Number

20-3590414

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION, FL 33324

**DO NOT WRITE
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2008 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE CB
NAME ANGELO, JOHN M
STREET ADDRESS 245 PARK AVE., 26TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10167

TITLE VPS
NAME GORDON, MICHAEL L
STREET ADDRESS 245 PARK AVE., 26TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10167

TITLE VPAS
NAME ROBERTS, DAVID
STREET ADDRESS 245 PARK AVE., 26TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10167

TITLE VPAS
NAME BERGER, FRED
STREET ADDRESS 245 PARK AVE., 26TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10167

TITLE VPAS
NAME JACOBS, ANDREW
STREET ADDRESS 245 PARK AVE., 26TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10167

TITLE VPAS
NAME ROFFMAN, DANA G
STREET ADDRESS 245 PARK AVE., 26TH FLOOR
CITY-ST-ZIP NEW YORK, NY 10167

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05/22/08-80052-025 150.00

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FRED BERGER

4/23/08

Date

212 692-2045

Daytime Phone #