2008 FOR PROFIT CORPORATION AMENDED ANNUAL REPORT

DOCUMENT# F06000001564

Name:

Address:

City-St-Zip:

FILED Jan 17, 2008 Secretary of State

Entity Name: PAPPAS PROPERTIES PALM BEACH, INC. **Current Principal Place of Business: New Principal Place of Business:** 655 SUMMER STREET BOSTON, MA 02120 **Current Mailing Address: New Mailing Address:** 340 ROYAL POINCIANA WAY SUITE 328 PALM BEACH, FL 33480 FEI Number: 04-2552932 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired () Name and Address of Current Registered Agent: Name and Address of New Registered Agent: PAPPAS, JAMES A 340 ROYAL POINCIANA WAY PALM BEACH, FL 33480 US 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 **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: Title: () Delete () Change () Addition PAPPAS, JAMES A Name: Name: 40 BEACON STREET Address: Address: City-St-Zip: BOSTON, MA 02108 City-St-Zip: Title: Title: () Delete () Change () Addition Name: MILIARDIS, BOB Name: 310 VINE ROAD Address: Address: STAMFORD, MA 06905 City-St-Zip: City-St-Zip: Title: Title: () Delete () Change () Addition MISKEL, ANNETTE M Name: Name: 66 KIRKLAND ROAD, SOUTH Address: Address: City-St-Zip: WEYMOUTH, MA 02190 City-St-Zip: Title: () Delete Title: () Change (X) Addition

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.

Name:

Address:

City-St-Zip:

MARCUS-LACK, KAREN

741 E WASHINGTON ST

CHARLESTOWN, WV 25414

SIGNATURE: JAMES PAPPAS CP 01/17/2008