2007 FOR PROFIT CORPORATION ANNUAL REPORT

May 03, 2007 8:00 am Secretary of State 05-03-2007 90066 023 ***158.75 DOCUMENT #F49085 1. Entity Name BANYAN BAY DEVELOPMENT CORPORATION 40104154 Principal Place of Business Mailing Address 201 ALHAMBRA CIRCLE 201 ALHAMBRA CIRCLE 12TH FL 12TH FL CORAL GABLES, FL 33134 CORAL GABLES, FL 33134 2. Principal Place of Business - No P.O. Box # 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. 02062007 Chg-P CR2E034 (12/06) 4. FEI Number City & State City & State Applied For 59-2131704 Not Applicable Country Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent KERRIGAN, JUANITA I. Street Address (P.O. Box Number is Not Acceptable) 201 ALHAMBRA CIRCLE 12TH FL CORAL GABLES, FL 33134 City 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 Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 Trust Fund Contribution. After May 1, 2007 Fee will be \$550.00 Added to Fees 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE Delete ☐ Change X Addition FLETCHER, PATRICIA K. RAMA, MICHAEL NAME NAME 201 ALHAMBRA GIRCLE 201 ALHAMBRA CIRCLE 12TH FL. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL GABLES, FL 33134 CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE ☐ Delete ☐ Change TITLE Addition MCNAIRY, CHARLES NAME NAME STREET ADDRESS 201 ALHAMBRA CIRCLE 12TH FL STREET ADDRESS CITY-ST-ZIP CORAL GABLES, FL 33134 CITY-ST-ZIP TITLE ☐ Delete ☐ Change ☐ Addition TITLE GETMAN, DENNIS J. NAME NAME 201 ALHAMBRA CIRCLE 12TH FL. STREET ADDRESS STREET ADDRESS CITY-ST-7IP CORAL GABLES, FL 33134 CHY-ST-ZIP ☐ Delete Change ☐ Addition SD TITLE TITLE KERRIGAN, JUANITA I. NAME KERRIGAN, JUANITA I. NAME 201 ALHAMBRA CIRCLE 12TH FL. STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP CORAL GABLES, FL 33134 TITLE ☐ Defete TIME Change Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change ☐ Addition NAME NAME

FILED

12. I hereby certify that the information supplied with this filling 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.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP