2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Apr 07, 2006 08:00 AM
Secretary of State

DOCUMENT # F93000005763

1. Entity Name
GP JAMAICA PLAZA, INC.

Principal Place of Business	Mailing Address
SUITE 300 280 DAINES STREET BIRMINGHAM, MI 48009	SUITE 300 280 DAINES STREET BIRMINGHAM, MI 48009

DO NOT WRITE IN THIS SPACE

03232006 No Chg-P CR2E034 (11/05)

4. FEI Number
38-3147786
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

RINES, MILTON
15235 S TAMIAMI TRAIL
FT MYERS, FL 33908

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ZLOTOFF, PAUL M
STREET ADDRESS	280 DAINES STREET, SUITE 300
CITY-ST-ZIP	BIRMINGHAM, MI
TITLE	SD
NAME	HERMELIN, BRIAN M
STREET ADDRESS	20500 CIVIC CENTER DR., SUITE 3000
CITY-ST-ZIP	SOUTHFIELD, MI 480370188
TITLE	VPT
NAME	SCHWARTZ, JOEL
STREET ADDRESS	280 DAINES ST
CITY-ST-ZIP	BIRMINGHAM, MI 48009
TITLE	VP
NAME	ZLOTOFF, ROGER
STREET ADDRESS	280 DAINES ST
CITY-ST-ZIP	BIRMINGHAM, MI 48009
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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04/21/06-80038-002 150.00

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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: _____ JOEL SCHWARTZ 4/4/06 248-645-9220
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #