

# 2008 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005763

Entity Name: GP JAMAICA PLAZA, INC.

FILED  
Apr 23, 2008  
Secretary of State

## Current Principal Place of Business:

SUITE 300  
280 DAINES STREET  
BIRMINGHAM, MI 48009

## Current Mailing Address:

SUITE 300  
280 DAINES STREET  
BIRMINGHAM, MI 48009

## New Principal Place of Business:

SUITE 300  
280 DAINES STREET  
BIRMINGHAM, MI 48009 US

## New Mailing Address:

SUITE 300  
280 DAINES STREET  
BIRMINGHAM, MI 48009 US

FEI Number: 38-3147786

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

## Name and Address of Current Registered Agent:

RINES, MILTON  
15235 S TAMIAMI TRAIL  
FT MYERS, FL 33908 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: ZLOTOFF, PAUL M  
Address: 280 DAINES STREET, SUITE 300  
City-St-Zip: BIRMINGHAM, MI

Title: SD ( ) Delete  
Name: HERMELIN, BRIAN M  
Address: 20500 CIVIC CENTER DR., SUITE 3000  
City-St-Zip: SOUTHFIELD, MI 480370188

Title: VPT ( ) Delete  
Name: SCHWARTZ, JOEL  
Address: 280 DAINES ST #300  
City-St-Zip: BIRMINGHAM, MI 48009

Title: VP ( ) Delete  
Name: ZLOTOFF, ROGER  
Address: 280 DAINES ST #300  
City-St-Zip: BIRMINGHAM, MI 48009

## 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:

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.

SIGNATURE: JOEL SCHWARTZ

VPT

04/23/2008

Electronic Signature of Signing Officer or Director

Date