

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F93000005763

Entity Name: GP JAMAICA PLAZA, INC.

FILED
Mar 31, 2009
Secretary of State

Current Principal Place of Business:

SUITE 300
280 DAINES STREET
BIRMINGHAM, MI 48009 US

New Principal Place of Business:

Current Mailing Address:

SUITE 300
280 DAINES STREET
BIRMINGHAM, MI 48009 US

New Mailing Address:

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

03/31/2009

Electronic Signature of Signing Officer or Director

Date