

2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001256

FILED
Feb 18, 2004
Secretary of State

Entity Name: COCONUT GROVE PT HOTEL CORPORATION

Current Principal Place of Business:

3003 SUMMER ST.
STAMFORD SQUARE
STAMFORD, CT 069047900

Current Mailing Address:

C/O CSC
1201 HAYS ST
TALLAHASSEE, FL 32301

New Principal Place of Business:

3003 SUMMER ST.
STAMFORD SQUARE
STAMFORD, CT 069047900 US

New Mailing Address:

C/O CORPORATION SERVICE COMPANY
1201 HAYS ST
TALLAHASSEE, FL 32301 US

FEI Number: 06-1419025

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 US

Name and Address of New Registered Agent:

CORPORATION SERVICE COMPANY
1201 HAYS ST.
TALLAHASSEE, FL 32301 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: DEBORAH D. SKIPPER

02/18/2004

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: WIEDERECHT, DAVID W
Address: 3003 SUMMER ST.
City-St-Zip: STAMFORD, CT 069047900

Title: VP () Delete
Name: LANE, PATRICIA
Address: 3003 SUMMER ST.
City-St-Zip: STAMFORD, CT 06904

Title: VPT () Delete
Name: MARYLES, DAVID
Address: 3003 SUMMER ST.
City-St-Zip: STAMFORD, CT 06904

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: WIEDERECHT, DAVID W
Address: 3003 SUMMER ST.
City-St-Zip: STAMFORD, CT 069047900 US

Title: VPSD (X) Change () Addition
Name: DUNN, LEANNE
Address: 3003 SUMMER ST.
City-St-Zip: STAMFORD, CT 06904 US

Title: VPT (X) Change () Addition
Name: PLATT, ANDREW
Address: 3003 SUMMER ST.
City-St-Zip: STAMFORD, CT 06904

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: LEANNE DUNN

VP

02/18/2004

Electronic Signature of Signing Officer or Director

Date