

2006 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F95000001256

FILED
May 04, 2006
Secretary of State

Entity Name: COCONUT GROVE PT HOTEL CORPORATION

Current Principal Place of Business:

3003 SUMMER ST.
STAMFORD SQUARE
STAMFORD, CT 069047900 US

New Principal Place of Business:

Current Mailing Address:

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

New Mailing Address:

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:

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

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

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

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

Title: () Delete
Name:
Address:
City-St-Zip:

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

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

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

Title: VP () Change (X) Addition
Name: PASTORE, MICHAEL M
Address: 3003 SUMMER ST.
City-St-Zip: STAMFORD, CT 06904

Title: VPAS () Change (X) Addition
Name: DOYLE, SUSAN M
Address: 3003 SUMMER ST.
City-St-Zip: STAMFORD, CT 06904

Title: VPAT () Change (X) Addition
Name: LANE, PATRICIA
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 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: PATRICIA LANE

VPAT

05/04/2006

Electronic Signature of Signing Officer or Director

_____ Date