

2005 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# F96000001412

FILED
Apr 21, 2005
Secretary of State

Entity Name: JEFFRIES TRAVIS REALTY CORP.

Current Principal Place of Business:

101 E. KENNEDY BLVD.
SUITE 300
TAMPA, FL 33602 US

New Principal Place of Business:

Current Mailing Address:

400 N. TAMPA ST.
SUITE 2300
TAMPA, FL 33602 US

New Mailing Address:

201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 US

FEI Number: 76-0103309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SCHIFF, GORDON J ESQ
400 N TAMPA ST 2300
TAMPA, FL 33602 US

Name and Address of New Registered Agent:

MACFARLANE, ELLEN M ESQ
201 N. FRANKLIN STREET
SUITE 2000
TAMPA, FL 33602 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: ELLEN M. MACFARLANE

04/21/2005

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: DVT () Delete
Name: PALMER, STEPHEN JR.
Address: 745 BOYLSTON STREET SUITE 401
City-St-Zip: BOSTON, MA 02116

Title: DP () Delete
Name: AVLON, JOHN J
Address: 200 MEETING STREET SUITE 405
City-St-Zip: CHARLESTON, SC 29401

Title: DS () Delete
Name: SMITH, KENNETH F
Address: 200 MEETING STREET, SUITE 405
City-St-Zip: CHARLESTON, SC 29401

Title: AS () Delete
Name: ANTAL, MICHAEL
Address: 305 OLD COURSE DRIVE
City-St-Zip: FRIENDSWOOD, TX 775465636

Title: VP () Delete
Name: LAROCCA, JOHN N
Address: 101 E KENNEDY BLVD., SUITE 3000
City-St-Zip: TAMPA, FL 33602 US

Title: AS (X) Delete
Name: SCHIFF, GORDON J
Address: 400 N TAMPA STREET 2300
City-St-Zip: TAMPA, FL 33602

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:

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 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: JOHN AVLON

P

04/21/2005

Electronic Signature of Signing Officer or Director

Date