


2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2005 8:00 am
Secretary of State

05-03-2005 90118 014 ***150.00

DOCUMENT # F97000006137		
1. Entity Name BOCA RESORTS, INC.		

Principal Place of Business 501 E CAMINO REAL CORP. OFFICE BOCA RATON, FL 33432	Mailing Address P O BOX 5025 CORP OFFICE BOCA RATON, FL 33431
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address 501 E. CAMINO REAL Suite, Apt. #, etc.
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City & State BOCA RATON FL	City & State BOCA RATON FL
Zip 33432	Country USA

6. Name and Address of Current Registered Agent HANDLEY, RICHARD L 450 EAST LAS OLAS BLVD FORT LAUDERDALE, FL 33301		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. 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. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE VS NAME HANDLEY, RICHARD L STREET ADDRESS 450 EAST LAS OLAS BLVD # 1500 CITY-ST-ZIP FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE PD NAME JONATHAN D. GRAY STREET ADDRESS 345 PARK AVENUE CITY-ST-ZIP New York NY 10154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE VT NAME FINOCCHIARO, MARY JO STREET ADDRESS 501 E CAMINO REAL CITY-ST-ZIP BOCA RATON, FL 33432	<input checked="" type="checkbox"/> Delete	TITLE V NAME William J. Stein STREET ADDRESS 345 PARK AVENUE CITY-ST-ZIP New York NY 10154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE CD NAME HUIZENG, H W STREET ADDRESS 450 EAST LAS OLAS BLVD CITY-ST-ZIP FORT LAUDERDALE, FL	<input checked="" type="checkbox"/> Delete	TITLE S NAME Dennis J. Mc DONAGH STREET ADDRESS 345 PARK AVENUE CITY-ST-ZIP New York NY 10154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME ROCHON, RICHARD C STREET ADDRESS 450 E. LAS OLAS BLVD., #1500 CITY-ST-ZIP FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE V NAME Mary Jo Finocchiaro STREET ADDRESS 501 E. Camino Real CITY-ST-ZIP Boca Raton, FL 33432	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME EGAN, MICHAEL S STREET ADDRESS 450 E LAS OLAS BLVD # 1500 CITY-ST-ZIP FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE T NAME Robert L. Friedman STREET ADDRESS 345 PARK AVENUE CITY-ST-ZIP New York, NY 10154	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE D NAME HUDSON, HARRIS W STREET ADDRESS 450 E LAS OLAS BLVD # 1500 CITY-ST-ZIP FORT LAUDERDALE, FL 33301	<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify 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 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 in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: <u>Ungaro Israel</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Vice President	Date 4/29/05	Daytime Phone # 561-447-5302
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