2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 01, 2006
Secretary of State

DOCUMENT# F97000006137

Entity Name: BOCA RESORTS, INC.

Current Principal Place of Business:

501 E CAMINO REAL
CORP. OFFICE
BOCA RATON, FL 33432

New Principal Place of Business:

Current Mailing Address:

501 E. CAMINO REAL
CORP OFFICE
BOCA RATON, FL 33432

New Mailing Address:

FEI Number: 65-0676005 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

RUBENSTEIN, ROBERT
595 S. FEDERAL HIGHWAY, SUITE 600
BOCA RATON, FL 33432 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

In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
Election Campaign Financing Trust Fund Contribution ( ).

OFFICERS AND DIRECTORS:

Title: PD ( ) Delete
Name: GRAY, JONATHAN D
Address: 345 PARK AVENUE
City-St-Zip: NEW YORK, NY 10154

Title: V ( ) Delete
Name: STEIN, WILLIAM J
Address: 345 PARK AVENUE
City-St-Zip: NEW YORK, NY 10154

Title: S ( ) Delete
Name: MCDONAGH, DENNIS J
Address: 345 PARK AVENUE
City-St-Zip: NEW YORK, NY 10154

Title: V ( ) Delete
Name: FINOCCHINO, MARYJO
Address: 501 E. CAMINO REAL
City-St-Zip: BOCA RATON, FL 33432

Title: T ( ) Delete
Name: FRIEDMAN, ROBERT L
Address: 345 PARK AVENUE
City-St-Zip: NEW YORK, NY 10154

Title: D (X) Delete
Name: HUDSON, HARRIS W
Address: 450 E LAS OLAS BLVD # 1500
City-St-Zip: FORT LAUDERDALE, FL 33301

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 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: WILLIAM J. STEIN V 05/01/2006

Electronic Signature of Signing Officer or Director — Date