


2007 FOR PROFIT CORPORATION ANNUAL REPORT

FILED


2007 FEB -5 PM 1:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # F98000004312 1. Entity Name BLDG FLORIDA APARTMENT CORP.	
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Principal Place of Business 52 VANDERBILT AVENUE <i>4th Floor</i> NEW YORK, NY 10017 <i>417 Fifth Ave</i>	Mailing Address 52 VANDERBILT AVENUE <i>4th Floor</i> NEW YORK, NY 10017 <i>417 Fifth Ave</i>
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2. Principal Place of Business - No P.O. Box #	3. Mailing Address		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
City & State	City & State		
Zip	Country	Zip	Country



01152007 Chg-P CR2E034 (12/06)

4. FEI Number 13-4016455	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 32301-2525	7. Name and Address of New Registered Agent Name NRAI Services, Inc. Street Address (P.O. Box Number is Not Acceptable) 2731 Executive Park Drive, Suite 4 City Weston
	FL Zip Code 33331

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.

Paul J. Hagan, Assistant Secretary
 SIGNATURE: *Paul J. Hagan* DATE: **1/22/2007**
(NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS \$150.00 After May 1, 2007 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 NAME STREET ADDRESS CITY-ST-ZIP	PD GOLDMAN, LLOYD 52 VANDERBILT AVENUE NEW YORK, NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition Goldman, Lloyd 417 Fifth Avenue New York, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V GOLDMAN, KATJA 52 VANDERBILT AVENUE NEW YORK, NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Goldman, Katja 417 Fifth Avenue New York, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDMAN, DORIAN 52 VANDERBILT AVENUE NEW YORK, NY	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition Goldman, Dorian 417 Fifth Ave New York, NY 10016
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 600087709886 02/08/07--01005--010 **150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input 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 exemptions contained 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 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: *Lloyd Goldman* LLOYD GOLDMAN
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
 Date: **1/26/07** Daytime Phone #