## 2008 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 17, 2008 08:00 AM
Secretary of State

DOCUMENT # H4131  1. Entity Name STEWART TILGHMAN FOX			
Principal Place of Business	Mailing Address		
1 SE 3RD AVE	1 SE 3RD AVE		
STE 3000	STE 3000		
MIAMI, FL 33131 US	MIAMI, FL 33131	US	



## DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent

 01142008
 No Chg-P
 CR2E034 (11/05)

 4. FEI Number
 Applied For S9-2493895

 Not Applicable

5. Certificate of Status Desired	\$8.75 Ac Fee Requir
The state of the s	* *

STEWART, LARRY S. 1 SE 3RD AVE STE 3000 MIAMI, FL 33131

## DO NOT WRITE IN THIS SPACE

				•.		
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	Signature, typed or printed name of registered agent and title	Il applicable (NOTE, Registered	d Agent signature required when reinstating)	DATE		
	E NOWIII FEE IS \$150.00 ay 1, 2008 Fee will be \$550.00	Election Campaign Finar Trust Fund Contribution.	\$5.00 May Be Added to Fees			
10.	OFFICERS AND DIREC	OTORS	10 10 10 10 10 10 10 10 10 10 10 10 10 1			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P STEWART, LARRY 1 SE 3RD AVE MIAMI, FL					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TILGHMAN, JAMES 1 SE 3RD AVE MIAMI, FL		4	U00000787555 01/18/08-80004-017 150.00		
TITLE NAME STREET ADDRESS CITY+ST-ZIP	S FOX, GARY D. 1 SE 3RD AVE MIAMI, FL			NOT WRITE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T BIANCHI, DAVID W. 1 SE 3RD AVE MIAMI, FL		ÎN	THIS SPACE		
TITLE NAME STREET ADDRESS CITY-ST-ZIP						
TITLE NAME STREET ADDRESS CITY+ST-ZIP						
12. I hereby	certify that the information supplied with this f	iling does not qualify for the exe	emptions contained in Chapter 1	19, Florida Statutes. I further certify that the information		

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 truegee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if chapter (or on an attachment with an address, with all other like expowered.

SIGNATURE:

NO TYPED ON DRINTED NAME OF SIGNING OFFICIAL OR DIRECTOR

Bavow Branchi 414/08 3053586644

Daytime Phone #