2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

Feb 16, 2006 8:00 am DOCUMENT # J15114 **Secretary of State** 1. Entity Name 02-16-2006 90062 042 ***150.00 ADMIRAL'S COVE REALTY COMPANY, INC. Principal Place of Business Mailing Address 200 ADMIRALS COVE BLVD 200 ADMIRALS COVE BLVD JUPITER FL 33477 JUPITER FL 33477 2. Principal Place of Business 3. Mailing Address 3801 PGA BLVD, Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) SUITE 4. FEI Number Applied For 58-1682567 ALM BEACH GARDENS Not Applicable \$8.75 Additional 5. Certificate of Status Desired USA 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent SHERRY L. HYMAN ESQ HYMAN, SHERRY LEFKOWI E Street Address (P.O. Box Number is Not Acceptable) 200 ADMIRALS COVE BLVD. JUPITER FL 33477 Zip Code 3 3 4 10 BEACH GARDENS 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) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 9. Election Campaign Financing *: After May 1, 2006 Fee Will Be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS 10. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 11. TITLE ☐ Delete TITLE 子'Change NAME FRANKEL, BENJAMIN NAME 380 1 PGA BLVD. - SUITE 107 STREET ADDRESS STREET ADDRESS 200 ADMIRAL'S COVE BLVD. PALIC BEACH GARDENS FL 33410 | Change | Addition CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP **PST** TITLE ☐ Delete TITLE NAME FRANKEL, THOMAS NAME 3801 PGA BLVD. SUITE 107 STREET ADDRESS 200 ADMIRAL'S COVE BLVD STREET ADDRESS PALM BEACH GARDENS, EL 33400 CITY-ST-ZIP JUPITER FL 33477 CITY-ST-ZIP TITLE ☐ Detete TITLE NAME FRANKEL, WILLIAM 3801 PER BLUD. - SUITE 107 STREET ADDRESS STREET ADDRESS 200 ADMIRALS COVE BLVD M BEACH GARDENS, EL 33418 CITY-ST-ZIP JUPITER FL 33477 CITY-ST-7IP TITLE ☐ Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-7IP TITLE ☐ Delete TITLE ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CiTY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not quality for the exemptions contained in Section 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

FILED