## 2006 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

## Apr 26, 2006 08:00 AN DOCUMENT # J88595 1. Entity Name **Secretary of State** MARQUETTE REALTY, INC. Principal Place of Business Mailing Address 5601 NORTH DIXIE HWY., STE 420 FT. LAUDERDALE FL 33334 US 5601 NORTH DIXIE HWY., STE 420 FT. LAUDERDALE FL 33334 3. Mailing Address 2. Principal Place of Business Suite, Apt. #, etc. Suite, Apt. #, etc. 1st MOORE CR2E034 (10/05) City & State 4. FEI Number Applied For City & State 59-2841478 Not Applicable Country \$8.75 Additional Country Zip 3 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name LINCOLN, TIMOTHY C ESQ. Street Address (P.O. Box Number is Not Acceptable) LINCOLN ES, PA 46 NE 6TH STREET MIAMI FL 33132 City Zip Code FI 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. DATE (NOTE Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 \$5.00 May Be 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 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 11 10. U00000535241 Change **VPDS** ☐ Delete muTITLE NAME NAME DIAZ, MAYRA 05/08/06-80044-022 158.75 STREET ADDRESS 5601 NORTH DIXIE HIGHWAY SUITE 420 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 CITY - ST - ZIE TITLE Change Addition ☐ Delete **VPDS** RILL NAME LINCOLN, TIMOTHY NAME STREET ADDRESS 5601 NORTH DIXIE HIGHWAY SUITE 420 STREET ADDRESS CITY-ST-ZIP FORT LAUDERDALE FL 33334 City - St - 7IF me Change Addition ☐ Cefete ₩Ł NAMI NAME STREET ADDRESS STREET ADDRESS CITY-ST ZIP CITY-ST-ZIP ☐ Addition ☐ Delete TITLE Change TIFLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE ☐ Change Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY ST ZIP CITY - ST - ZIF ☐ Change ☐ Addition ☐ Delete TITE HILL NAME NAME STREET ADDRESS STREET ADDRESS CHTY-ST-ZIP CITY -ST - ZIP

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12. I hereby certify that the information supplied with this filing does not qualify 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:

Timothy C. Lincoln, Secretary

4/17/06

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

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