2004 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# K35695

FILED Mar 06, 2004 Secretary of State

Entity Name: TURKEY LAKE SHOPPING CENTER, INC.	
Current Principal Place of Business:	New Principal Place of Business:
1696 NE MIAMI GARDENS DRIVE STE 200	1696 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179 US
N MIAMI BEACH, FL 33179 US	
Current Mailing Address:	New Mailing Address:
1696 NE MIAMI GARDENS DRIVE STE 200	1696 NE MIAMI GARDENS DRIVE NORTH MIAMI BEACH, FL 33179 US
N MIAMI BEACH, FL 33179 US	
FEI Number: 98-0098605 FEI Number Applied For () FEI N	lumber Not Applicable () Certificate of Status Desired (X)
Name and Address of Current Registered Agent:	Name and Address of New Registered Agent:
CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE, FL 323012525 US	
The above named entity submits this statement for the purpose in the State of Florida.	of changing its registered office or registered agent, or both,
SIGNATURE:	
Electronic Signature of Registered Agent	Date
Election Campaign Financing Trust Fund Contribution ().	
OFFICERS AND DIRECTORS:	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:
Title: DPAS () Delete Name: KATZMAN, CHAIM Address: 1696 NE MIAMI GARDENS DRIVE STE 200	Title: PSD (X) Change () Addition Name: KATZMAN, CHAIM Address: 1696 NE MIAMI GARDENS DRIVE

City-St-Zip: N MIAMI BEACH, FL 33179 US City-St-Zip: NORTH MIAMI BEACH, FL 33179 US DVS () Delete Title: VPD (X) Change () Addition Name: VALERO, DORON Name: VALERO, DORON Address: 1696 NE MIAMI GARDENS DRIVE STE 200 Address: 1696 NE MIAMI GARDENS DRIVE

N MIAMI BEACH, FL 33179 NORTH MIAMI BEACH, FL 33179 US City-St-Zip: City-St-Zip:

Title: Title: VPT () Change (X) Addition () Delete

Name: Name: SIPZNER, HOWARD

Address: Address: 1696 N.E. MIAMI GARDENS DRIVE City-St-Zip: City-St-Zip: NORTH MIAMI BEACH, FL 33179 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: DORON VALERO VΡ 03/06/2004