

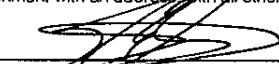


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # K43718</b> 1. Entity Name <b>V.F. LONGBOAT KEY III, INC.</b>						<div style="text-align: center;"> <b>FILED</b>  <b>04 FEB 16 PM 4:50</b>  <b>SECRETARY OF STATE</b>  <b>TALLAHASSEE, FLORIDA</b> </div>	
Principal Place of Business <b>7777 GLADES RD. SUITE 300 BOCA RATON, FL 33434 US</b>				Mailing Address <b>7777 GLADES RD. SUITE 300 BOCA RATON, FL 33434 US</b>			
2. Principal Place of Business		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
4. FEI Number <b>65-0128276</b>						Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>						01082004 Chg-P CR2E034 (10/03)	
6. Name and Address of Current Registered Agent  <b>DEUTCH, JEFFREY 7777 GLADES RD. SUITE 300 BOCA RATON, FL 33434</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <span style="float: right;"><b>FL</b></span> Zip Code			
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) DATE _____							
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
10. OFFICERS AND DIRECTORS				11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <b>POMERANTZ, ALICE</b> <b>8600 DECARIE BLVD., SUITE 200</b> <b>TOWN OF MOUNT ROYAL, QC</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>700028961017</b> <b>02/18/04--01005--001 **5000.00</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD <b>GATTINGER, FRANKLIN J.</b> <b>8600 DECARIE BLVD, SUITE 200</b> <b>TOWN OF MOUNT ROYAL, QC</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>TV</b> <b>GATTINGER, FRANKLIN J.</b> <b>8600 DECARIE BLVD, SUITE 200</b> <b>MOUNT ROYAL, QC, CANADA</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ASD <b>ESPOSITO, RALPH JR</b> <b>8600 DECARIE BLVD #200</b> <b>MT ROYAL, QC, CANADA,</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>AS</b> <b>ESPOSITO, RAPHAEL Jr</b> <b>8600 DECARIE BLVD, SUITE 200</b> <b>MOUNT ROYAL, QC, CANADA</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	CEOD <b>POMERANTZ, TERRY</b> <b>8600 DECARIE BLVD #200</b> <b>MT ROYAL, QC, CANADA,</b>			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>CEOSD</b> <b>POMERANTZ, TERRY</b> <b>8600 DECARIE BLVD, SUITE 200</b> <b>MOUNT ROYAL, QC, CANADA</b>		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S <b>POMERANTZ, TERRY</b> <b>8600 DECARIE BLVD #200</b> <b>MT ROYAL, QC, CANADA,</b>			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 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 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.							
<b>SIGNATURE:</b> 				<b>R. Esposito</b>			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				Date <b>04.01.29</b> Daytime Phone # <b>514-341-8600</b>			