2005 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 23, 2005 08:00 AM
Secretary of State

DOCUMENT # K91413

1. Entity Name
SIZELER REAL ESTATE OF FLORIDA, INC.

Principal Place of Business	Mailing Address
250 AVSTRALIAN AVE SOUTH SUITE 500 WEST PALM BEACH, FL 33401 US	2542 WILLIAMS BLVD. ATTN: LEGAL DEPT. KENNER, LA 70062 US

01112005 No Chg-P CR2E034 (10/03)

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4. FEI Number
72-1145122
☐ Applied For
☐ Not Applicable

5. Certificate of Status Desired ☑ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

GART, DAVID
SHUTTS & BOWEN
250 AUSTRALIAN AVE. S., SUITE 500
W. PALM BEACH, FL 33401

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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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2005 Fee will be $550.00

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	STD
NAME	CHERAMIE, GUY M
STREET ADDRESS	2542 WILLIAMS ROAD
CITY-ST-ZIP	KENNER, LA 70062
TITLE	PD
NAME	LEFKOWITZ, HOWARD
STREET ADDRESS	2491 E.OKEECHOBEE BLVD
CITY-ST-ZIP	WEST PALM BCH, FL
TITLE	D
NAME	DAVIDSON, THOMAS S
STREET ADDRESS	2542 WILLIAMS BLVD.
CITY-ST-ZIP	KENNER, LA 70062
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

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02/23/05-80025-025 158.75

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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.

SIGNATURE: Thomas S. Davidson Thomas S. Davidson 2-11-05 504/471-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #