2004 FOR PROFIT CORPORATION ANNUAL REPORT

Feb 09, 2004 08:00 AM--Secretary of State DOCUMENT # L57938 EUREKA LAND COMPANY, INC. Mailing Address Principal Place of Business 2600 DOUGLAS RD 2600 DOUGLAS RD PH-5 CORAL GABLES, FL 33134-6127 CORAL GABLES, FL 33134-6127 01292004 No Cha-P CR2E034 (10/03) DO NOT WRITE IN THIS SPACE Applied For 4. FEI Number 65-0180006 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent JUAN LOUMIET-GREENBERG TRAURIG DO NOT WRITE 1221 BRICKELL AVENUE IN THIS SPACE MIAMI, FL 33131 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) Signature, typed or printed name of registered agen) and title if applicable. 9. Election Campaign Financing \$5.00 May Be FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees OFFICERS AND DIRECTORS 10. TITLE LEVITT, STEVEN T. NAME 2600 DOUGLAS RD PH-5 STREET ADDRESS U00000041698 02/09/04-80100-001 150:00 CORAL GABLES, FL 33134 CITY-ST-ZIP ROSALES, X. FRANCISCO NAME STREET ADDRESS 2600 DOUGLAS ROAD PH-5 CORAL GABLES, FL 33134 CITY-ST-ZIP NAME STREET ADDRESS DO NOT WRITE CITY-ST-ZIP IN THIS SPACE TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS

12. Thereby certify that the information supplied with this filling 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 attackment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

X. FRANCISCO ROSALES

2/09/04

(305)461-2142

Daytime Phone #

FILED