2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 27, 2006 08:00 AM
Secretary of State

DOCUMENT # L95320

1. Entity Name
SACHER, ZELMAN, VAN SANT, PAUL, BEILEY, HARTMAN, ROLNICK & GREIF, P.A.

Principal Place of Business	Mailing Address
1401 BRICKELL AVE STE. 700 MIAMI, FL 33131	1401 BRICKELL AVE STE. 700 MIAMI, FL 33131

01112006 No Chg-P CR2E034 (11/05)

DO NOT WRITE IN THIS SPACE

4. FEI Number
65-0212052
☐ Applied For
☐ Not Applicable

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

6. Name and Address of Current Registered Agent

LEGAL ASSETS, INC.
1401 BRICKELL AVE
STE. 700
MIAMI, FL 33131

DO NOT WRITE IN THIS SPACE

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's signature required when reinstating)

FILE NOW!!! FEE IS $150.00
After May 1, 2006 Fee will be $550.00

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

10. OFFICERS AND DIRECTORS

TITLE	DPS
NAME	SACHER, BARTON S
STREET ADDRESS	1401 BRICKELL AVE, STE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	DVST
NAME	ZELMAN, RICHARD M
STREET ADDRESS	1401 BRICKELL AVE, STE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	HARTMAN, ROY M
STREET ADDRESS	1401 BRICKELL AVE, STE 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	VAN SANT, NANCY
STREET ADDRESS	1401 BRICKELL AVE, STE. 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	SACHER, JOSEPH A
STREET ADDRESS	1401 BRICKELL AVE, STE. 700
CITY-ST-ZIP	MIAMI, FL 33131
TITLE	D
NAME	ROLNICK, ALAN H
STREET ADDRESS	1401 BRICKELL AVE., STE. 700
CITY-ST-ZIP	MIAMI, FL 33131

U00000481639
04/11/06-80039-003 150.00

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 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: _____ Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR