2007 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Aug 30, 2007
Secretary of State

DOCUMENT# N00000006896

Entity Name: ROSEMARY PLACE MASTER ASSOCIATION, INC.

Current Principal Place of Business:

444 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

New Principal Place of Business:

Current Mailing Address:

444 BRICKELL AVENUE
SUITE 900
MIAMI, FL 33131 US

New Mailing Address:

FEI Number: 59-3707339 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**
In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.

Name and Address of Current Registered Agent:

REGISTERED AGENTS OF FLORIDA, LLC
100 S.E. SECOND STREET
SUITE 2900
MIAMI, FL 33131 US

Name and Address of New Registered Agent:

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.

SIGNATURE: _____

Electronic Signature of Registered Agent — Date

OFFICERS AND DIRECTORS:

Title: DST ( ) Delete
Name: PINCKNEY, TED
Address: 5555 ANGLERS AVENUE, SUITE 1A
City-St-Zip: FORT LAUDERDALE, FL 33312

Title: PD ( ) Delete
Name: SOCOLSKY, SERGIO
Address: 444 BRICKELL AVENUE, SUITE 900
City-St-Zip: MIAMI, FL 33131

Title: DVP ( ) Delete
Name: PIAZZA, ALBERT C
Address: 5555 ANGLERS AVENUE, SUITE 1A
City-St-Zip: FORT LAUDERDALE, FL 33312

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

Title: ( ) Change ( ) Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated 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 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 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SERGIO SOCOLSKY PD 08/30/2007

Electronic Signature of Signing Officer or Director — Date