


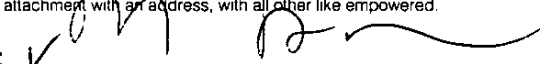


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 18, 2008 8:00 am
Secretary of State

02-18-2008 90010 041 ****61.25

DOCUMENT # N01000002555 1. Entity Name BILTMORE VILLAGE CONDOMINIUM THE PEACOCK BUILDING ASSOCIATION, INC.							
Principal Place of Business 671 BILTMORE WAY CORAL GABLES, FL 33134			Mailing Address C/O C R MANAGEMENT & INVESTMENTS, INC. 435 SW 123 AVENUE MIAMI, FL 33184				
2. Principal Place of Business - No P.O. Box # Suite, Apt. #, etc.		3. Mailing Address Suite, Apt. #, etc.		 01172008 Chg-NP CR2E037 (12/06)			
City & State		City & State					
Zip Country		Zip Country					
4. FEI Number 65-1099123		Applied For <input type="checkbox"/> Not Applicable					
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required				 01172008 Chg-NP CR2E037 (12/06)			
6. Name and Address of Current Registered Agent C R MANAGEMENT & INVESTMENTS, INC. 435 SW 123 AVENUE MIAMI, FL 33184						7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
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.						FL Zip Code	
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>						DATE _____	
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		\$5.00 May Be Added to Fees			
Make check payable to Florida Department of State		10. OFFICERS AND DIRECTORS					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P/D NEBEL, ANA MARIA 671 BILTMORE WAY UNIT 301 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T/D DELGADO, OSVALDO 671 BILTMORE WAY, UNIT 303 CORAL GABLES, FL 33134	<input type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D O'NEIL, SALVADOR DR. 671 BILTMORE WAY, UNIT PH CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Delete					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL DOHAN 671 BILTMORE WAY APT #501 CORAL GABLES, FL 33134	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL DOHAN 671 BILTMORE WAY APT #501 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL DOHAN 671 BILTMORE WAY APT #501 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RUSSELL DOHAN 671 BILTMORE WAY APT #501 CORAL GABLES, FL 33134	<input type="checkbox"/> Change <input type="checkbox"/> Addition					
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 617, 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: 							
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR							
Date 2/10/08 Daytime Phone #							