

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N02000005581

FILED
Apr 26, 2006
Secretary of State

Entity Name: FLORIDA ASSOCIATION OF MANAGING PARTNERS, INC.

Current Principal Place of Business:

2665 S. BAYSHORE DRIVE
SUITE 420
MIAMI, FL 33133

New Principal Place of Business:

Current Mailing Address:

2665 S. BAYSHORE DRIVE
420
MIAMI, FL 33133

New Mailing Address:

FEI Number: 06-1672166

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

PATRICIOS, LEON N MR.
999 PONCE DE LEON BLVD.
PH 1110
CORAL GABLES, FL 33134 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: DP () Delete
Name: SEROTA, JOSEPH H
Address: 2665 S BAYSHORE DR, STE 420
City-St-Zip: MIAMI, FL 33133

Title: DVP () Delete
Name: ZUMPARO, JOSEPH I
Address: 999 PONCE DE LEON BLVD., PH 1110
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: BERLIN, HOWARD
Address: 201 S BISCAYNE BLVD
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: KASS, STEVEN
Address: 777 BRICKELL AVE, STE 500
City-St-Zip: MIAMI, FL 33131

Title: D () Delete
Name: SQUITERO, JOHN
Address: 2699 S BAYSHORE DR 7 FLR
City-St-Zip: MIAMI, FL 33133

Title: D () Delete
Name: SINGERMAN, PAUL
Address: 200 S BISCAYNE BLVD STE 1000
City-St-Zip: MIAMI, FL 33121

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:

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 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: JZ

DVP

04/26/2006

Electronic Signature of Signing Officer or Director

Date