

2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

5/5

FILED
May 31, 2005 8:00 am
Secretary of State

05-05-2005 90097 012 ****61.25

DOCUMENT # N04000008065 1. Entity Name BRICKELL BAY PLAZA MASTER ASSOCIATION, INC.					
Principal Place of Business 100 S BISCAYNE BLVD STE 1100 MIAMI, FL 33131			Mailing Address 100 S BISCAYNE BLVD STE 1100 MIAMI, FL 33131		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 20-1523477	
5. Certificate of Status Desired <input type="checkbox"/>				Applied For <input type="checkbox"/> Not Applicable	
6. Name and Address of Current Registered Agent JERRY E. ARON, P.A. 2505 METROCENTRE BLVD STE 301 WEST PALM BEACH, FL 33407				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 reappointing)</small>					
Filing Fee is \$61.25 Due by May 1, 2005		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	DP DAHAN, PHIL <input type="checkbox"/> Delete 100 S BISCAYNE BLVD STE 1100 MIAMI, FL 33131				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DST HOLLO, JERRY <input type="checkbox"/> Delete 100 S BISCAYNE BLVD STE 1100 MIAMI, FL 33131				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV KASSMAN, BRUCE <input type="checkbox"/> Delete 100 S BISCAYNE BLVD STE 1100 MIAMI, FL 33131				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
12. I hereby certify that the information supplied with this filing 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 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: _____ <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					
<small>Date Daytime Phone #</small>					

66020143



01182005 Chg-NP CR2E037 (10/03)