2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 21, 2008
Secretary of State

DOCUMENT# N06000010837

Entity Name: THE BUTCH KERZNER MEMORIAL FUND, INC.

Current Principal Place of Business:

ROYAL PALM AT SOUTHPOINT I
1000 SOUTH PINE ISLAND ROAD, STE 800
PLANTATION, FL 33324 US

New Principal Place of Business:

Current Mailing Address:

ROYAL PALM AT SOUTHPOINT I
1000 SOUTH PINE ISLAND ROAD, STE 800
PLANTATION, FL 33324 US

New Mailing Address:

FEI Number: 45-0544418 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

CORPDIRECT AGENTS, INC.
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301 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: D/P ( ) Delete
Name: KERZNER, VANESSA
Address: 1000 SOUTH PINE ISLAND RD., SUITE 800
City-St-Zip: PLANTATION, FL 33324 US

Title: D/S ( ) Delete
Name: CARRON, ROBERT
Address: 1000 SOUTH PINE ISLAND RD., SUITE 800
City-St-Zip: PLANTATION, FL 33324 US

Title: D ( ) Delete
Name: SABLE, DAVID
Address: 1000 SOUTH PINE ISLAND RD., SUITE 800
City-St-Zip: PLANTATION, FL 33324 US

Title: CFO ( ) Delete
Name: TESSIER, DAVID
Address: 1000 SOUTH PINE ISLAND RD., SUITE 800
City-St-Zip: PLANTATION, FL 33324 US

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

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

Title: D/S (X) Change ( ) Addition
Name: WOLMAN, LEN
Address: 914 HARTFORD TURNPIKE
City-St-Zip: WATERFORD, CT 06385 US

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: DAVID TESSIER CFO 02/21/2008

Electronic Signature of Signing Officer or Director — Date