2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08867

FILED Jan 09, 2008 Secretary of State

Entity Name: MARJORY STONEMAN DOUGLAS BISCAYNE NATURE CENTER, INC.

Current Principal Place of Business: New Principal Place of Business: 6767 CRANDON BLVD KEY BISCAYNE, FL 33149 US **Current Mailing Address: New Mailing Address:** 6767 CRANDON BLVD KEY BISCAYNE, FL 33149 US FEI Number: 59-2549600 FEI Number Applied For () FEI Number Not Applicable () Certificate of Status Desired (X) Name and Address of Current Registered Agent: Name and Address of New Registered Agent: DANON, SAM JAMES, TILGHMAN 1111 BRICKELL AVE ONE S. E. 3RD AVENUE STE 2500 SUITE 3000 MIAMI, FL 33131 US MIAMI, FL 33131 US 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: JAMES TILGHMAN 01/09/2008 Electronic Signature of Registered Agent Date **OFFICERS AND DIRECTORS:** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS: () Delete (X) Change () Addition TILGHMAN, JAMES B JR DIAZ, MARK Name: Name: ONE SE 3RD AVE SUITE 3000 Address: PO BOX 016960 D2-4 Address: City-St-Zip: MIAMI, FL 33131 City-St-Zip: MIAMI, FL 33101 Title: () Delete Title: (X) Change () Addition GRAHAM, EHRICH Name: JAMES, KUSHLAN Name: Address: 601 BRICKELL KEY DR STE 600 Address: 121 KNOLLWOOD DRIVE City-St-Zip: MIAMI, FL 33131 City-St-Zip: KEY BISCAYNE, FL 33149 Title: () Delete Title: (X) Change () Addition BAYER, KELLY TRUBY, FRED Name: Name: 3141 COMMERCE PARKWAY 7500 S. W. 63 AVENUE Address: Address: City-St-Zip: HOLLYWOOD, FL 33025 City-St-Zip: MIAMI, FL 33143 () Delete Title: Title: (X) Change () Addition Name: DIAZ, MARK Name: STEVEN, HENRIQUEZ PO BOX 016960 D2-4 Address: Address: 6767 CRANDON BLVD. City-St-Zip: MIAMI, FL 33101 City-St-Zip: KEY BISCAYNE, FL 33149 Title: () Delete Title: () Change () Addition SCHWEID, IAN Name: Name: 25 W FLAGLER STREET Address: Address: City-St-Zip: MIAMI, FL 33130 City-St-Zip: Title: () Delete Title: () Change () Addition MORRISON, CHARLES Name: Name: Address: 10450 SW 96 TERRACE Address: MIAMI, FL 33176 City-St-Zip: 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: THEODORA LONG ED 01/09/2008