

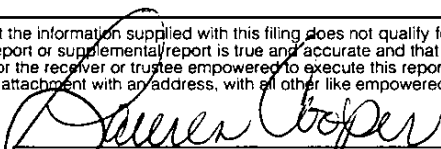


# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

<b>DOCUMENT # N30123</b> 1. Entity Name <b>LAS FLORES AT MISSION BAY VILLAGE ASSOCIATION, INC.</b>						<b>FILED</b> <b>08 AUG -1 PM 1:27</b> SECRETARY OF STATE TALLAHASSEE, FLORIDA	
Principal Place of Business <b>C/O PRIME MANAGEMENT          6300 PARK OF COMMERCE BLVD          BOCA RATON, FL 33487 US</b>				Mailing Address <b>LAS FLOES AT MISSION BAY          10320 FLORES DR          BOCA RATON, FL 33428 US</b>			
2. Principal Place of Business - No P.O. Box #		3. Mailing Address					
Suite, Apt. #, etc.		Suite, Apt. #, etc.					
City & State		City & State					
Zip	Country	Zip	Country				
6. Name and Address of Current Registered Agent <b>CAPLAN, LOUIS          C/O SACHS, SAXL KLEIN, A          301 YAMATO ROAD, SUITE 4150          BOCA RATON, FL 33431</b>				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="text-align: right;"> <b>FL</b> Zip Code       </div>			
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.							
SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>							
<b>Filing Fee is \$61.25          Due by September 12, 2008</b>				9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>		<b>\$5.00 May Be          Added to Fees</b>	
<b>Make check payable to          Florida Department of State</b>							
<b>10. OFFICERS AND DIRECTORS</b>				<b>11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10</b>			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD</b> <b>SHAMSHIRI, KELLY</b> <b>20950-A VIA ALAMANDA</b> <b>BOCA RATON, FL 33428</b>			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U.P.</b> <b>Sheri Blaine</b> <b>20951-4 Via Alameda</b> <b>Boca Raton, FL 33428</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>VALSECCHI, RAMON N</b> <b>10241 VIA HIBISCUS</b> <b>BOCA RATON, FL 33428</b>			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>U.S.</b> <b>Clarence Willis</b> <b>20970-2 Via Jasmine</b> <b>Boca Raton, FL 33428</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T</b> <b>GAINSBORG, LISA</b> <b>20931-B VIA OLEANDER</b> <b>BOCA RATON, FL 33428</b>			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>Sarojini Singh</b> <b>20970-4 Via Alameda</b> <b>Boca Raton, FL 33428</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S</b> <b>SEGAL, JANE</b> <b>20930-4 VIA AZALEA</b> <b>BOCA RATON, FL 33428</b>			<input checked="" type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>I</b> <b>Ismael Vergara</b> <b>10221-1 Via Hibiscus</b> <b>Boca Raton, FL 33428</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>D</b> <b>COOPER, LAUREN</b> <b>20931-3 VIA OLEANDER</b> <b>BOCA RATON, FL 33428</b>			<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>P</b> <b>800133965388</b> <b>08/05/08--01004--001 **\$1.25</b>	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete			TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>\$18/1</b>		
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.							
<b>SIGNATURE:</b> 				<b>3-15-08</b>		<b>361-989-5019</b>	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>				<small>Date</small>		<small>Daytime Phone #</small>	