

# 2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 17, 2008 08:00 A**  
**Secretary of State**

**DOCUMENT # N43389**

1. Entity Name  
BIRD ISLAND TRUST, INC.



Principal Place of Business  
C/O DAVID RATHBUN  
POST OFFICE BOX 1060  
BOYNTON BEACH, FL 33425

Mailing Address  
C/O ZIFF BROTHERS INVESTMENTS, L.L.C.  
350 PARK AVENUE, 11TH FLOOR  
NEW YORK, NY 10022 US



03102008 No Chg-NP CR2E037 (4/06)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
65-0274856

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

**6. Name and Address of Current Registered Agent**

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE, FL 32301

**DO NOT WRITE  
IN THIS SPACE**

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**Filing Fee is \$61.25  
Due by May 1, 2008**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

**10. OFFICERS AND DIRECTORS**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
PT  
RATHBUN, DAVID  
4861 S LAKE DR.  
BOYNTON BEACH, FL 33436

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
T  
STAFFORD, JAMES  
350 PARK AVENUE, 11TH FLOOR  
NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
S  
ZIFF, TAMSEN ANN  
350 PARK AVENUE, 11TH FLOOR  
NEW YORK, NY 10022

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

000000860834  
04/02/08-80069-025 61.25

**DO NOT WRITE  
IN THIS SPACE**

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.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PRESIDENT

3/12/08

Date

561-533-0238

Daytime Phone #