


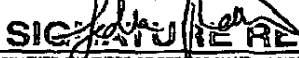
FILED

May 05, 2003 8:00 am  
Secretary of State

04-18-2003 90224 040 \*\*\*\*70.00

**2003 NOT-FOR-PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

4

|   |                             |   |   |   |  |
|---|-----------------------------|---|---|---|--|
| <b>DOCUMENT # N97000004858</b>  |                             |   |   |  |  |
| 1. Entity Name<br><b>THE RONEY PALACE MASTER ASSOCIATION, INC.</b>  |                             |   |   |   |  |
| Principal Place of Business<br><b>2301 COLLINS AVE.<br/>M32<br/>MIAMI BEACH FL 33139<br/>US</b>   |                             |   | Mailing Address<br><b>2301 COLLINS AVE.<br/>MIAMI BEACH FL 33139<br/>US</b> |   |  |
| 2. Principal Place of Business  |                             |   | 3. Mailing Address  |   |  |
| Suite, Apt. #, etc.   |                             |   | Suite, Apt. #, etc.   |   |  |
| City & State  |                             |   | City & State  |   |  |
| Zip   |                             | Country   |   | 4. FEI Number <b>65-0781328</b>   |  |
|   |                             |   |   | Applied For<br><input type="checkbox"/> Not Applicable                            |  |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>  |                             |   |   |   |  |
| 6. Name and Address of Current Registered Agent<br><b>GREENSPOON, MARDER, HIRSCHFELD, RAKIN, ROSS<br/>AND BERGER, P.A.<br/>100 W. CYPRESS CREEK RD., STE. 700<br/>FT. LAUDERDALE FL 33309</b>   |                             |   | 7. Name and Address of New Registered Agent                                 |   |  |
|   |                             |   | Name  |   |  |
|   |                             |   | Street Address (P.O. Box Number is Not Acceptable)                          |   |  |
|   |                             |   | City  |   |  |
|   |                             |   | FL Zip Code   |   |  |
| 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 _____<br><small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>  |                             |   |   |   |  |
| DATE _____  |                             |   |   |   |  |
| <b>FILE NOW: FEE IS \$61.25</b>   |                             | 9. Election Campaign Financing<br>Trust Fund Contribution. <input type="checkbox"/> |   | <b>\$5.00 May Be<br/>Added to Fees</b>  |  |
| <b>Make Check Payable to<br/>Florida Department of State</b>  |                             |   |   |   |  |
| 10. OFFICERS AND DIRECTORS  |                             |   | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10                       |   |  |
| TITLE   | <b>D</b>                    | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  | <b>RETTER, LESLIE</b>       |   | NAME  |   |  |
| STREET ADDRESS  | <b>2301 COLLINS AVE.</b>    |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   | <b>MIAMI BEACH FL 33139</b> |   | CITY-ST-ZIP   |   |  |
| TITLE   | <b>D</b>                    | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME  | <b>KOTLER, ELIAS</b>        |   | NAME  | <b>William F Mueller</b>  |  |
| STREET ADDRESS  | <b>2301 COLLINS AVE.</b>    |   | STREET ADDRESS  | <b>2301 COLLINS AVE</b>   |  |
| CITY-ST-ZIP   | <b>MIAMI BEACH FL 33139</b> |   | CITY-ST-ZIP   | <b>MIAMI BEACH, FL 33139</b>  |  |
| TITLE   | <b>D</b>                    | <input checked="" type="checkbox"/> Delete  | TITLE   | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition      |  |
| NAME  | <b>COMETTO, MICHAEL</b>     |   | NAME  | <b>D E. Aurora Boten</b>  |  |
| STREET ADDRESS  | <b>2301 COLLINS AVE.</b>    |   | STREET ADDRESS  | <b>2301 COLLINS AVE</b>   |  |
| CITY-ST-ZIP   | <b>MIAMI BEACH FL 33139</b> |   | CITY-ST-ZIP   | <b>MIAMI BEACH, FL 33139</b>  |  |
| TITLE   |                             | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                             |   | NAME  |   |  |
| STREET ADDRESS  |                             |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                             |   | CITY-ST-ZIP   |   |  |
| TITLE   |                             | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                             |   | NAME  |   |  |
| STREET ADDRESS  |                             |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                             |   | CITY-ST-ZIP   |   |  |
| TITLE   |                             | <input type="checkbox"/> Delete   | TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition                 |  |
| NAME  |                             |   | NAME  |   |  |
| STREET ADDRESS  |                             |   | STREET ADDRESS  |   |  |
| CITY-ST-ZIP   |                             |   | CITY-ST-ZIP   |   |  |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:  <b>SIGNATURE REQUIRED</b>  |                             |   |   |   |  |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>   |                             |   |   |   |  |
| Date: <b>04/15/03</b> Phone: <b>(305) 604-6508</b>  |                             |   |   |   |  |

CR2E037 (10/02)