FILED Apr 20, 2007 8:00 am

2007 NOT	'-FOR-PROFIT	Γ CORPORATION
	ANNUAL RE	PORT

DOCUMENT # N97000006371 I. Forty Name MIZNER CUID BINK Mailing Address 1910 M MZRER CUID BINK Solit And A coc DATE OF Mailing Place of Business 1910 M MZRER CUID BINK Solit And A coc DATE OF MAIN PROPERTY A Solid Place of Business 1910 M MZRER CUID BINK Solit And A coc DATE OF MAIN PROPERTY Solid And A coc DATE OF MAIN PROPERTY A Solid Place of Business 1910 M MZRER CUID BINK Solid And A coc DATE OF MAIN PROPERTY Solid And A coc DATE OF MAIN PROPERTY A Solid Place of Business 1910 M MZRER CUID BINK Solid And A coc DATE OF MAIN PROPERTY A Solid Place of Business 1910 M MZRER CUID BINK Solid And A coc DATE OF MAIN PROPERTY A Solid Place of Business 1910 M MZRER CUID BINK A Solid And A coc DATE OF MAIN PROPERTY Solid And A coc DATE			Se	Secretary of State				
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Surie, Apt. II. etc. Surie, Apt. III. etc. Suries Cry A State Cry A State A. FEI Number 23-2970622 Nan Applied For 23-2	16104 MIZNER CLUB DRIVE 250 GIBRALTAR ROA			4007222	40072220			
Surie, Apt. II. etc. Surie, Apt. III. etc. Suries Cry A State Cry A State A. FEI Number 23-2970622 Nan Applied For 23-2						<u> </u>		
City & State Ci			3. Mailing Address	3. Mailing Address				
Zip Country Zip Country 5. Country 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 7. Name and Addr				Suite, Apt. #, etc.		-NP CR2E037 (12/06	5)	
S. Cardicate of Satus Desired Propulered Section							Not Applicable	
Name Streat Address (P.O. Box Number is Not Acceptable) Streat Address (P.O. Box Number is Not Acceptable)	Zip	Country	Zip	Country	5. Certificate of State			
Street Address (P.O. Box Number is Not Acceptable) Image		6. Name and Address of Current	Registered Agent		7. Name and Addre	ss of New Registered Agent		
SIGNATURE Signature Policy Plantation Plantation	CT COPP	ODATION SYSTEM		Name				
The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. Signature Signature	1200 SOUTH PINE ISLAND ROAD		Street A	Street Address (P.O. Box Number is Not Acceptable)				
8. The above named entity submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Filling Fee is \$61.25				City		FI Zip C	ode	
SIGNATURE Signature Signa	8: The above	named entity submits this statement for	or the nurnose of changing i	te registered office o	registered agent or both in th		th and acces	
Signature, Noted to permited name of neighbored agent and table if a special color agent are retained. PAPE Papel Pape	the obligat	tions of registered agent.	or the purpose of the lighting (ia registered office of	registered agent, or both, in th	e state of Florida. Familiarimar wi	п, али ассері	
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Trust Fund Contribution. Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 TITLE DONNELLY, MICHAEL 5300 W. ATLANTIC AVE., SUITE 300 DELRAY BEACH, FL 33484 STRET ADDRESS CITY-ST-JP DVS		Signature, typed or printed name of registered agen	t and title if applicable. (NO	OTE: Registered Agent signat	re required when reinstating)	DATE		
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