

**2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT**

**FILED  
Apr 28, 2005  
Secretary of State**

DOCUMENT# N99000002502

Entity Name: JEWISH MUSEUM OF FLORIDA PROPERTIES, INC.

**Current Principal Place of Business:**

301 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139SIMO N

**New Principal Place of Business:**

301 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139 US

**Current Mailing Address:**

301 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139SIMO N

**New Mailing Address:**

301 WASHINGTON AVENUE  
MIAMI BEACH, FL 33139 US

FEI Number: 65-1003091

FEI Number Applied For ( )

FEI Number Not Applicable ( )

Certificate of Status Desired ( )

**Name and Address of Current Registered Agent:**

SIMON, GARY P  
9100 SO. DADELAND BLVD.  
SUITE 504  
MIAMI, FL 33156 US

**Name and Address of New Registered Agent:**

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:

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**OFFICERS AND DIRECTORS:**

Title: D ( ) Delete  
Name: GILLER, NORMAN  
Address: 301 WASHINGTON AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139SIMO N

Title: D ( ) Delete  
Name: LEVINE, NORMAN  
Address: 301 WASHINGTON AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139SIMO N

Title: D ( ) Delete  
Name: ZERIVITZ, MARCIA  
Address: 301 WASHINGTON AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139SIMO N

**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**

Title: D (X) Change ( ) Addition  
Name: GILLER, NORMAN  
Address: 301 WASHINGTON AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D (X) Change ( ) Addition  
Name: LEVINE, NORMAN  
Address: 301 WASHINGTON AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139 US

Title: D (X) Change ( ) Addition  
Name: ZERIVITZ, MARCIA  
Address: 301 WASHINGTON AVENUE  
City-St-Zip: MIAMI BEACH, FL 33139 US

I hereby certify that the information supplied with this filing does not qualify for the for the exemption stated in Section 119.07(3)(i), 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: MARCIA ZERIVITZ

D

04/28/2005

\_\_\_\_\_  
Electronic Signature of Signing Officer or Director

\_\_\_\_\_  
Date