2008 FOR PROFIT CORPORATION **ANNUAL REPORT**

DO NOT WRITE IN THIS SPACE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOCUMENT # P00000079419

1. Entity Name

GOLD COAST PROPERTY MANAGEMENT, INC.

Principal Place of Business

1600 SE 17TH STREET

SIGNATURE

FT. LAUDERDALE, FL 33316

Mailing Address

1600 SE 17TH STREET

SUITE 200

FT. LAUDERDALE, FL 33316

FILED Apr 29, 2008 08:00 AN Secretary of State



01082008

No Chg-P

CR2E034 (11/05)

4. FEI Number 65-1103782

Applied For Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

FORMAN, H. COLLINS JR. 1323 SOUTHEAST THIRD AVENUE FORT LAUDERDALE, FL 33316

DO NOT WRITE

				iN	INIS 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					
FILE NOWII! FEE IS \$150.00 After May 1, 2008 Fee will be \$550.00 9. Election Campaign Finan Trust Fund Contribution			oing	\$5.00 May 8e Added to Fees	
10. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS AND DIRECT D BERGER, LLOYD C 1600 SE 17TH STREET CAUSEWAY FORT LAUDERDALE, FL 33316				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V TRUMBACH, ANDREW P.O. BOX 640 FORT LAUDERDALE, FL 33302				U00000932042 05/22/08-80039-021 150.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GRADY, VICKI L 888 SE 3RD AVENUE, SUITE 501 FORT LAUDERDALE, FL 33316			DO	NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		,		IN ⁻	THIS SPACE
TITLE NAME STREET ADDRESS CITY-ST-ZIP					
TITLE NAME STREET ADDRESS CITY-ST-ZIP					·
12. Thereby certify that the information supplied with this tilling 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 received or Justice empowered to execute this report as required by Chapter 6C7, Florida Statutes, and that my name appears in Block 10 or Block 11 if chapter 6C7 on an attachment with an address, with all other law powered.					