


# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 29, 2005 8:00 am**  
**Secretary of State**

04-29-2005 90257 047 \*\*\*150.00

<b>DOCUMENT # P0000090409</b> 1. Entity Name <b>MISSION PALMS MANAGER, INC.</b>					
Principal Place of Business <b>7900 MIAMI LAKES DRIVE WEST</b> <b>MIAMI LAKES, FL 33016-5897</b>			Mailing Address <b>7900 MIAMI LAKES DRIVE WEST</b> <b>MIAMI LAKES, FL 33016-5897</b>		
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country		

04192005    Chg-P    CR2E034 (10/03)

4. FEI Number <b>65-1043547</b>		Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required

<b>6. Name and Address of Current Registered Agent</b>  <b>RODRIGUEZ, CHRISTY</b> <b>7900 MIAMI LAKES DRIVE WEST</b> <b>MIAMI LAKES, FL 33016-5897</b>	<b>7. Name and Address of New Registered Agent</b> Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> <span><b>FL</b></span> <span>Zip Code</span> </div>
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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.

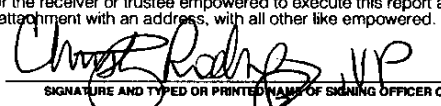
SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐ **\$5.00** May Be Added to Fees

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE	CD KISLAK, JAY I <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7900 MIAMI LAKES DR WEST	NAME	
STREET ADDRESS	MIAMI LAKES, FL 33016	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	DPT BARTELMO, THOMAS <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7900 MIAMI LAKES DR WEST	NAME	
STREET ADDRESS	MIAMI LAKES, FL 33016	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP LUBOW, CHERYL <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7900 MIAMI LAKES DRIVE WEST	NAME	
STREET ADDRESS	MIAMI LAKES, FL 33016	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VPS RODRIGUEZ, CHRISTY <input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7900 MIAMI LAKES BLVD	NAME	
STREET ADDRESS	MIAMI LAKES, FL 33016	STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE	VP BRAUN, STEPHEN <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)(i), 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 607, 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:** 

4/29/05 (305) 364-4101

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #