


**2006 FOR PROFIT CORPORATION ANNUAL REPORT**


**FILED**  
**Mar 22, 2006 08:00 AM**  
**Secretary of State**

DOCUMENT # P00000093349  
 1. Entity Name  
 GLADSTONE PROPERTIES, INC.



Principal Place of Business 801 BRICKELL AVE. 16TH FLOOR MIAMI, FL 33131	Mailing Address 801 BRICKELL AVE. 16TH FLOOR MIAMI, FL 33131
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**DO NOT WRITE IN THIS SPACE**



01302006 No Chg-P CR2E034 (11/05)

4. FEI Number 65-1046710	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

CT CORPORATION  
 1200 SOUTH PINE ISLAND ROAD  
 16TH FLOOR  
 PLANTATION, FL 33324

**DO NOT WRITE IN THIS 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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00**  
**After May 1, 2006 Fee will be \$550.00**

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

000000477349  
 04/06/06-80048-019 150.00

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD RODRIGUEZ-FRAILE, GONZALO 801 BRICKELL AVENUE, 16TH FLOOR MIAMI, FL 33131
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12. I hereby certify that the information supplied with this filing 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 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: \_\_\_\_\_ 3/7/06 305-381-8340  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #