/ 2005 FOR PROFIT CORPORATION ANNUAL REPORT

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DOCUMENT # P0000098664 1. Entity Name SHAUGHNESSY REALTY COMPANY								FILED AUG-9 AM S	3: 39
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Principal Place	e of Business		Mailing Address			1	Ų J	ECREIMRY UF S LLAHASSEE, F	STATE
•			7700 N, KENDALL DR. SUITE 304				C!	FORE MACE F	LORIUM
7700 N. KENDALL DR. SUITE 304 MIAMI, FL 33156			MIAMI, FL 33156				7A	LLAHASSEL	
				· ·					1981 11 1981
A D/1ID			O Mailian Address	3. Mailing Address					
2. Principal Place of Business			3. Walling Address					:	1301 W 1301
Suite, Apt. #getc.			Suite, Apt. #, etc.			08042005	Chg-P	CR2E034 (10/03)	
City & State			City & State			4. FEI Number		⊢	plied For
1			Zip Country		.	65-1048	5/9		t Applicable
Zip		Country	Zip	Coun	ıry	5. Certificate of	f Status Desired	□ \$8.75 Add Fee Required	
	6. Name	and Address of Current	egistered Agent		·	7. Name and Address of New Registered Agent			
			<u> </u>		Name Robert W. Shaughnessy				
SHAUGHNESSY, MICHAEL W					Street Address (P.O. Box Number is Not Acceptable)				
		R. SUITE 304	Stre		Street Address	ddress (P.O. Box Number is Not Acceptable)			
MIAMI, FL	33 130		-		7700	00 N. Kendall Drive, Suite 304			
					Miami				
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. Robert U. Shavebrasev. \$15765									
SIGNATURE ROBERT W. Shaughinessy									
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									
FILE NOWILI FEE IS \$665.50 Due by September 7, 2005 9. Election Campaign Financing \$5.00 May Be Trust Fund Contribution. Added to Fees									
10.		OFFICERS AND	DIRECTORS	11.		ADDITIONS/C	CHANGES TO OFF	ICERS AND DIRECTORS	5 IN 11
TITLE	0		Delete TITLE		E 0			Č ^X Change	Addition
NAME	I	NESSY, MICHAEL W	NAME		E Ro	bert W. S	haughnessy	٧	
STREET ADDRESS	ł .	/ 68 COURT						e, Suite 304	
CITY-ST-ZIP	MIAMI, FL	. 33156			Mi	ami, FL 3	3156		- Addition
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CITY-ST-ZIP					<u> </u>	116102	1000		- Addition
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STREET ADDRESS					EET AUDRESS		0	- 01	
CITY-ST-ZIP	<u> </u>			City	(-ST-ZiP				
12. I hereby certify that the information supplied with this filling 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 arkattechment with an address, with all other like empowered.									
SIGNATURE: Robert W. Shaughnessy 8505 (3 at) 665-3000									
SIGNATURE AND NEED ON PRINTED NAME OF SIGNING OFFICER ON DIRECTOR Date Daytime Phone #									