2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

SIGNATURE:

SIGNATURE AND TYPED OR

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Apr 28, 2004 08:00 AM DOCUMENT # P00000110215 **Secretary of State** 1. Entity Name KIMCO TAMPA 470, INC. Principal Place of Business Mailing Address 3333 NEW HYDE PARK RD, STE 100 NEW HYDE PARK NY 11042 3333 NEW HYDE PARK RD, STE 100 NEW HYDE PARK NY 11042 2. Principal Place of Business 3. Mailing Address Suite, Apt #, etc Suite, Apt. #, etc. MOORE CR2E034 (11/03) City & State City & State 4. FEI Number Applied For 58-2586039 Not Applicable Zφ Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Name CT CORPORATION SYSTEM Street Address (P.O. Box Number is Not Acceptable) 1200 S PINE ISLAND RD PLANTATION FL 33324 City Zip Code 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 NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State 10. OFFICERS AND DIRECTORS 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE D TITLE Delete Change ☐ Addition COOPER, MILTON NAME NAME U00000135549 STREET ADDRESS 3333 NEW HYDE PARK RD, STE 100 STREET ADDRESS 04/28/04-80065-009 150.nn CITY-ST-ZIP NEW HYDE PARK NY 11042 CITY-ST-ZIP TITLE D ☐ Delete HILE ☐ Change ☐ Addition NAME SCHINDLER, MICHAEL NAME STREET ADDRESS 3333 NEW HYDE PARK RD. STE 100 STREET ADDRESS CITY-ST-ZIP NEW HYDE PARK NY 11042 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition Addition MAME FLYNN, MICHAEL NAME STREET ADDRESS 3333 NEW HYDE PARK RD, STE 100 STREET ADDRESS CITY-ST-ZIP NEW HYDE PARK NY 11042 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition NAME YARMAK, JOEL I NAME 3333 NEW HYDE PARK ROAD, SUITE 100 STREET ADDRESS STREET ADDRESS NEW HYDE PARK NY 11042 CITY-ST-ZIP CITY-ST-ZIP TITEE ☐ Delete TITLE Change ☐ Addition PAPPAGALLO, MICHAEL NAME NAME 3333 NEW HYDE PARK ROAD, SUITE 100 STREET ADDRESS STREET ADDRESS NEW HYDE PARK NY 11042 CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition COHEN, GLENN NAME NAME 3333 NEW HYDE PARK ROAD, SUITE 100 STREET ADDRESS STREET ADDRESS NEW HYDE PARK NY 11042 CITY-ST-ZIP CHY-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.

FILED