

2006 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jul 27, 2006 8:00 am
Secretary of State

07-27-2006 90017 036 ***150.00

DOCUMENT # P01000088820 1. Entity Name RE PARTNERS DAVIE GP, INC.			
Principal Place of Business 3250 MARY STREET, SUITE 404 COCONUT GROVE, FL 33133		Mailing Address 3250 MARY STREET, SUITE 404 COCONUT GROVE, FL 33133	
2. Principal Place of Business 7485 FAIRWAY DR Suite, Apt. #, etc. 430		3. Mailing Address 7485 FAIRWAY DR Suite, Apt. #, etc. 430	
City & State MIAMI LAKES, FL		City & State MIAMI LAKES, FL	
Zip 33014		Zip 33014	
Country		Country	
4. FEI Number 65-1147260		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent LEYSTROM, WILLIAM DUMAR, ALLSWORTH, CURTIS, CROSS ET AL 1177 SOUTHEAST 3RD AVENUE FT. LAUDERDALE, FL 33316		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City <div style="display: flex; justify-content: space-between;"> FL Zip Code </div>	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE</small>			
FILE NOW!!! FEE IS \$150.00 Due by September 6, 2006		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GORLOW, ROBERT M 3250 MARY STREET #404 COCONUT GROVE, FL 33133 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7485 FAIRWAY DR # 430 MIAMI LAKES, FL 33014 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VTD TEMPLETON, TAD A 3250 MARY STREET #404 COCONUT GROVE, FL 33133 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	7985 SW 16th ST MIAMI, FL 33157 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VSD AIELLO, JOHN F 3250 MARY STREET #404 COCONUT GROVE, FL 33133 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	1001 NORTH US HWY #1 SUITE 402 JUPITER, FL 33477 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD WITMER, SANDRA J 3250 MARY STREET #404 COCONUT GROVE, FL 33133 <div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	2302 GAWANE ST. 2ND FLOOR CORAL GABLES, FL 33134 <div style="text-align: right;"><input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Delete</div>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<div style="text-align: right;"><input type="checkbox"/> Change <input type="checkbox"/> Addition</div>
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 officers empowered.			
SIGNATURE:		7/24/06 (206) 812-8225	
<small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		<small>Date Daytime Phone #</small>	